

Endorsement by the Authority of the Institute or University

(to be completed by adequate personnel to authorize the application)

To: The President of JIRCAS

I certify that I have examined the application from 1 – 3 developed by the applicant _____, and confirm that the information given is accurate to the best of my knowledge. I hereby authorize the applicant as a candidate for the **JIRCAS Visiting Research Fellowship Program FY2024.**

Signature:

Name:

Position:

Division:

Institute/University:

Date:
