

Confirmation Letter of Provisional Acceptance

To President of JSUM

Date of Issue: / /
(Month/Day/Year)

Applicant's Name:

Nationality:

Date of Birth:

Age:

I shall be delighted to accept the abovementioned person at my department as a JSUM Fellowship training / research doctor, if the JSUM accepts him or her.

Japanese supervisor

Full name (Printed) :

(Signature) :

Institute: