Admission Application for the University of Aizu Research Student for Academic Year 2019



Notes

1. Do not fill in the column marked with a “＊”.
2. Attach a proof of payment of the application fee to the back of this form.

I consent to serve as the Research Advisor for the above-mentioned individual if the individual is admitted to the Undergraduate School as a research student.

Date (Y/M/D) / /

Faculty member to be assigned Seal / Sign

<Proof of payment>

(Paste the document certifying payment of application fee here.)