Applicant No.	*

Examination Permission Letter (1)

Examination Permission Letter (1)						
	Name					
Date of Birth	/	/	(YYYY/MM/DI	D)		
Dear Dean of the Graduate School,						
I hereby grant permission for th	e above-ment	ioned to s	sit for the 202	24		
entrance examination for the G	raduate Schoo	ol of Inte	rnational Lib	peral Arts,		
Miyazaki International College (Master's Program).						
		Date	/	/		
Address:						
Name of the O	rganization:					
Manager (Print	t name):					
(Sign	nature)					

Do not write in the * field.