(Application Form 4)

**Study and Visit Abroad Program (SVAP)
Letter of Acceptance for an Undergraduate Student
from the Faculty of Science, the University of Tokyo**

Name of Student:

This is to confirm that I will accept the above-named student in our research group/laboratory for the period stated below, provided that he or she is selected for the Study and Visit Abroad Program (SVAP):

From to

 (date, month, year) (date, month, year)

Name:

Position:

Name of Department:

Name of Institution:

Date Signature

\* This form is to be completed and signed by a professor or associate professor (or a researcher of equivalent status at a non-university research institution) who is willing to host the above-named student.