|  |  |
| --- | --- |
| Examinee No. | ※ |

**Certificate of Research Activities**

Nationality ：

Name ：

Date of Birth ：

This is to certify that the above person engaged in the research activities as follows.

|  |  |
| --- | --- |
| Status and Institution Attended |  |
| Duration of Research | From : to :  　　　 　(Day) (Month) (Year)　　　　 　 (Day) (Month) (Year) |
| Title and Outline of Research |  |
| Name and Position of  Academic Advisor |  |

　　　　　　　　Date：

(Day) (Month) (Year)

Signature ：

Name ：

Title ：

Institution ：

Address of Institution ：

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Note 1 : The title of the certifier should be equivalent to representative of organization such as President, Dean, Director, etc.

Note 2 : Also enclose the summary of the research institute whether it is inside Japan or not.

Note 3 : Please do not fill in the blank marked ※.