Letter of Endorsement

To the Applicant: please pass this form to your supervisor in your home institution and ask him/her to complete it and return it to you. This form must be included when submitting your Application.

I, the undersigned		(Family name),	(Given name(s))		
at		(n	ame of institution) herel	ру:	
1.	-	wledge that(name of applicant) files the ation for the Master of Public Policy, International Program, at Graduate School of Public Policy, niversity of Tokyo;			
2.	certify that the applicant, if accepted, will not be assigned duties that will conflict with devoting full time and attention to study under the program.				
Na	me of Applicant's Supervisor	Family Name	First Name	Middle Name	
Ins Ad Em	titutiondress aailone				
Sig	gnature		<u>Date</u>		
	<official institution<="" of="" seal="" td="" the=""><td>on></td><td></td><td></td></official>	on>			