Application Form for Extension of Acceptance Term for Special Inter-Institutional Research Fellows

YYYY/MM/DD

To the Director General of National Institute for Fusion Science

President/dean of affiliated univ.

Sealing/Signature

　Regarding to following student who has been directed as Special Inter-Institutional Research Fellows at NIFS now, since I would like to extend acceptance term, please admit that.

Details

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| --- | --- |
| Name | (FAMILY)　　　　　　　 (First)　　　　　　　　 (Middle) |
| Affiliation | Graduate school　：Major　：Grade　： |
| Reason of extension |  |
| Term of extensions | From　YYYY/MM/DD　to　YYYY/MM/DD |
| Name and Position ofthe tutor at affiliated univ. | Sealing/Signature |
| Research theme at NIFS |  |
| Tutor at NIFS |  |

[Notes]

\*Fill in information as of April in the academic year.

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| Following column is for person in charge.　　　　　　　　　　 　　　　 Tutor at NIFS’s sealing |