

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

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 of the tutor at affiliated univ.	Sealing/Signature		
Research theme at NIFS			
Tutor at NIFS			

[Notes]

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

Following column is for person in charge.

Tutor at NIFS's sealing

