**Application for Advanced Development Consultations**

Date:

(Month Day, Year)

To : Dean/Director, Institute of , The University of Tokyo

　　　　　　 From:

Address:

Authorized Representative’s Signature:

Name in print:

Title:

I understand and accept conditions for implementing the advanced development consultations and request for the advanced development consultations as listed below. If the request is accepted, the conditions set forth in the University of Tokyo Rules on the Handling of Advanced Development Consultations shall be observed.

|  |  |  |
| --- | --- | --- |
| 1. Consultation topic |  | |
| 2. Consultation purpose and details | Purpose  Details | |
| 3. Desired academic advisor |  | |
| 4. Place of implementation |  | |
| 5. Desired consultation period and instruction time | ～  (Month Day, Year　～　Month Day, Year)  Total consultation time:　　　　　 hours | |
| 6. Fees  (Incl. Consumer Tax.) | Consultation fee and necessary expenses | JPY / USD |
| Research support expense | JPY / USD |
| Total | JPY / USD |
| 7. Others |  | |
| 8. Office contact information  (Postal address for sending documents, institution name, affiliation, Tel., Fax, Email) |  | |

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Letter of Acceptance

I hereby accept the Advanced Development Consultation requested above.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

The University of Tokyo

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month Day, Year)

* The letter of acceptance must be attached to a copy of the Advanced Development Consultations application form submitted by the requesting person.