Application Date（yyyy/mm/dd）

**LETTER OF ATTORNEY**

APPLICANT INFOMATION

|  |  |  |
| --- | --- | --- |
| NAME | Maiden name | |
| DATE OF BIRTH | Year Month Day | |
| REGISTRATION INFORMATION | The United Graduate School of　Agricultural Sciences, Ehime University  Major: | Entrance Year and Month  Graduate Year and Month |

I authorise the following person to act as my representative and   
to carry out the procedures for the issuance of the certificate.

AGANT INFORMATION

|  |  |
| --- | --- |
| NAME |  |
| DATE OF BIRTH | Year Month Day |
| ADDRESS |  |
| CONTACTS | Phone Number:  Email: |

|  |  |
| --- | --- |
| Applicant's Sign |  |