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 UniversityMajor: | Entrance Year and MonthGraduate 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 |  |