Letter of Consent

Date

| I will | supervise | you | as a | graduate | school | student | at o | our | university | if | you | pass | the |
|--------------------------------------|-----------|-----|------|----------|--------|---------|------|-----|------------|----|-----|------|-----|
| examination for our graduate school. | | | | | | | | | | | | | |

| The reason for supervising | | | | |
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| Department of | ,Graduate school | | | |
| Supervisor: | (Official Seal) | | | |