Application for Academic Guidance and Approval Form

　　Date:

Hiroshima University

Executive Vice President(Community Collaboration, Funding and Alumni Associations)

Applicant

Name:

Address:

Representative:

Applicant accepts the “Rules for Conditions of Academic Guidance” on the back and apply for academic guidance as follows.

|  |  |
| --- | --- |
| Topic of Academic Guidance |  |
| Purpose and Outline | Purpose： |
| Outline： |
| Term of Academic Guidance  （Number of Hours） | Start Date: 　　 Finish Date:  （ hours） |
| Fee (JPY) | Japanese Yen |
| Supervisor at Hiroshima University | Affiliation:  Title:  Name: |
| Coordinator | Name: |
| Contact Information for Applicant | Department:  Name:  Tel:  E-Mail: |
| Notes (Special Conditions, etc.) |  |

（ To be filled out by the University）

|  |  |
| --- | --- |
| Approval  by Authorized Signer | Supervisor |
|  | Supervisor (Affiliation)  Name:  University Phone Number:  E-mail: |

Hiroshima University approves the above application for academic guidance.

Date:

TO:

Hiroshima University

Executive Vice President

(Community Collaboration, Funding and Alumni Associations)

図形

低い精度で自動的に生成された説明

※Contact for Notices and Billing

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| ※ Payment of the Fee of Academic Guidance shall be made by the end of the following month the invoice is issued.  Name:  Address:  Phone: |