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)



※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:  |