

Supervisor Confirmation Letter

FOR THE APPLICANT: Please complete the following information before sending this form to your desired faculty supervisor. Please be sure to check all the required boxes below.

1. Applicant Name: _____

2. Applicant's Nationality: _____

3. Research Topic: _____

4. Enrollment Semester: April September Year: _____

5. Education History: APU Graduate/Current Student Other University Affiliation

6. I have checked the list of Graduate School of Asia Pacific Studies Doctoral Faculty on the Admissions Office website. (https://admissions.apu.ac.jp/graduate/academics/gsa_doctor/faculty/)

I am sending this form to a faculty member that is on the above list of doctoral faculty members

Please note: If you submit this form signed by an APU faculty member not on the above list, your application will be rejected.

FOR THE FACULTY MEMBER:

I agree to act as the supervisor for the above candidate on the condition that he/she passes the application screening for the APU Doctor of Philosophy Program. I am signing this letter after confirming that acting as the candidate's supervisor will not conflict with the Graduate School limitations for Doctoral Program supervisors.

Name: _____

Signature: _____

Year:

Month:

Date: