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**Supervisor Confirmation Letter**

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:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Enrollment Semester:  April  September Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Education History:  APU Graduate/Current Student Other University Affiliation
3. 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.