**(Print of the university letterhead or information)**

**Approval for Participation in the Comprehensive International Education Program (CIEP)**

University Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We approve the following student(s) as representative(s) of (University Name) for the Comprehensive International Education Program (CIEP).

We hereby confirm that we understand the mission of the CIEP, which is to provide opportunities for both Japanese and international students at Tokyo NODAI, as well as students from our global partner universities, to learn about food, agriculture, and the environment in Japan and Asia at the Setagaya Campus and Hokkaido-Okhotsk Campus.

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| Representative Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  　 　 (First name) (Middle name) (FAMILY NAME)  E-mail:  (\*) Except otherwise specified, all expenses related to the international airfare and the participation in the CIEP must be borne by the participant or his/her home university |

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| Academic Advisor:  　 　　 　 (First name) (Middle name) (FAMILY NAME)    Title:  E-mail: |

**Financial support for CIEP Participant (s)**

The participant(s) (student and/or advisor) will have to travel and physically attend the CIEP in Japan. Please specify who will cover the expenses.

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| The participant (student) will pay for the CIEP participation costs |  |
| The university will pay for the CIEP participation costs |  |

Nominator:

　 　　　 (First name) (Middle name) (FAMILY NAME)

Title:

Email:

Position:

Signature:

After completing this form, please scan it and send a soft copy to us, along with the other application documents, via the following Google Form: <https://forms.gle/h6geTfT644KRDBQf8>