Form 4

**LETTER OF CONFIRMATION**

(To be completed by the applicant’s academic advisor at Kyoto University)

**Full name of candidate:**  ,

 (Last Name) (First Name) (Middle Name)

To Shinya Takeda,

Dean of Graduate School of Asian and African Area Studies,

Kyoto University

This letter supports the application of (name of candidate) for AY2023 IAfP Short-term Exchange Program – Kyoto University. If the application is successful, I will serve as the academic advisor to provide research guidance to the applicant during his/her stay at Kyoto University. I give my consent to use this letter as proof for the review in accordance with the Application Guidelines provided by the IAfP’s website.

 　 Academic advisor’s signature(署名):

 Academic advisor’s name(お名前):

 Affiliation(所属):

　　　　　　　　　　　　　Position(職位):

　　　　　　　　　　　　　　　　Date(日付): 　　　　　/　　 　/