**Letter of Consent**

**for an Applicant for Support of Niigata University Next Generation Project**

I hereby confirm and agree with the following statements upon the student applying for this project.

Name of doctoral advisor:

Affiliation and title of doctoral advisor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant  (student) | Name |  | Year\*¹ |  |
| Course\*² |  | Major\*² |  |

\*¹ For additional openings only, please enter your grade as of October 2025.

\*² Please enter your graduate school and major in the doctoral (postgraduate) program.

Statements:

1. The applicant will take various research capability and career path development opportunities and participate in mentor interviews.

2. If the applicant moves on to the interdisciplinary research unit, he or she will engage in research at another laboratory for a given period under the Short-Term Cross-Laboratory Study Program (Multi-Laboratory System).

Date:

(mm dd, yyyy)

Signature of the recommender:

**Note: The doctoral advisor (the host faculty member in the doctoral program) must add the password “drshien\_R8rec” to this document and submit it by email directly to the address designated for applications.**