

## Notice of Acceptance

( We / I ) accept the following \_\_\_\_\_ sponsored by a program as follows.

**1) Name of the person:**

**Name of organization:**

**2) Position:**

**3) Name of Institution:**

**4) Duration:**                    /        /        ~        /        /  
(year) (month) (day)        (year) (month) (day)

**5) Name of the program:**

**6) Name of a person in charge:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(year) (month) (day)