

To the Department of Integrated Biosciences faculty members.

Upon request, please fill in this form and return it to the applicant

CERTIFICATE OF CONTACT

[Date]

This letter is to confirm that [Student’s name] has contacted a Department of Integrated Biosciences faculty member.

[Name of the faculty member] [Seal of the faculty member]

Laboratory of [Integrated Biosciences]

Department of Integrated Biosciences

Graduate School of Frontier Sciences

The University of Tokyo