**Application for the Qualification for a Master's Degree**

Date： yyyy/mm/dd

To the Dean of Graduate Institute for Advanced Studies / the Dean of School,

Applicant

Program/Department： ○○○○

Student ID No.： ○○○○

Name in Full：　○○○○

I hereby apply for the Qualification for a Master's Degree with related documents in accordance with Article No.16, Clause No.1 of the Degree Regulations of The Graduate University for Advanced Studies, SOKENDAI.

Desired Degree Major: Master of

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| Seal of Main  Supervisor |
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