**Exchange Application Record**

To be completed by those who are applying as EXCHANGE students (Special Auditor/Research Student)

**Applicant**

Name of Applicant:

Home University:

Student ID No.:

**Endorsement** (Must be completed by Exchange/Study Abroad Program Coordinator of the applicant’s home university.)

I confirm that the applicant is nominated by the home university as an Exchange Student (Special Audit/Research Student) in Graduate School of Veterinary Medicine, Hokkaido University from to .

This application has been reviewed and discussed with the applicant.

Full Name:

(Exchange/Study Abroad Program Coordinator)

Title:

Email Address:

Signature:

Date:

Remarks (if any):