Month/Date/Year

TO: President, RIKEN

 2-1 Hirosawa, Wako

 Saitama 351-0198

 JAPAN

**[For an applicant enrolled in an academic program that gives credit for practical internship]**

We hereby request that the applicant named below be accepted as an Intern on RIKEN’s Internship Program; Program duration From 　　　　 to

We will give academic credit for the internship at RIKEN, and we guarantee that the applicant will abide by RIKEN’s regulations for interns.

**[For an applicant formally recommended by the head or a proxy for the head of the applicant’s affiliated institution]**

We hereby request that the applicant named below be accepted as an Intern on RIKEN’s Internship Program; Program duration From 　　　　 to

We guarantee that the applicant will abide by RIKEN’s regulations for interns.

Name：

Faculty：

Year：BA 　MA 　PhD 　Year:

Sincerely yours,

(Signature of academic institution head)

Title

Name of academic institution