

Attention: Dean of the Institute of Medical Science,
The University of Tokyo
4-6-1, Shirokanedai, Minato-ku, Tokyo, JAPAN

Conduct Agreement for Study Extension

(Month) (Day) (Year)

I swear that I will strictly observe the laws of Japan and the regulations of the Institute of Medical Science for the duration of my study in the laboratory / division of _____ for research on _____. Please accept this letter as formal notification that I will extend my period of study as a research student.

Sincerely,
Signature: _____