Incorporated Educational Institution NISHIZAWA Gakuen Medical Esthetic College Japanese Language course

Letter of Acceptance by Contact Person Living in Japan

Attn:	The President,		
	Incorporated Educational Institution	on NISHIZAWA Gakuen, Me	edical Esthetic College
App	olicant's Name		
Nat	ionality		
Ι, _	I,, as this applicant's contact person living in Japan, hereby		
guara	ntee that I will actively cooperate	with the applicant and with	your school to expedite
comm	nunications between the applicant a	and your school as well as	between your school and
the pe	erson paying the applicant's school	expenses, to enable the ap	oplicant to achieve his/her
purpo	se of learning Japanese through his	s/her meaningful campus life).
		Year	MonthDay
Name	of contact person		(Seal impression)
Prese	nt Address 〒		
Home	Phone	Mobile Phone	
Work	place	Office Phone	
Office	Address =		
	onship with applicant (Please fill in erson other than a blood relative of t		sible if the contact person