

## **Pledge**

Date: (Day)      /(Month)      /(Year)

To the Dean of the Graduate School of Integrates Sciences for Life

Program:

Student ID:

Name:

If I am accepted as a recipient of the Graduate School of Integrated Sciences for Life Scholarship, I will respect the object of this scholarship.

Moreover, I pledge myself to follow necessary procedures without delay and to carry out my responsibility as a scholarship recipient.