	* No entry required
	Examinee's number *
(for application to special	admission for a master's program)
	/ /
	Date: Day Month, Year

## **Enrollment Pledge**

Att.: Dean, Graduate School of Engineering Sc	ience, Yokoha	ma Natio	nal U	Jnivers	sity	
	Name:				Signa	ture
If successful in this examination for special s	screening, I,				, comr	nit to
enroll myself in the	_					
specialization of			in	the	unit	of
		offered	at	the I	Departmen	t of
in :	a master's pro	ogram at	the	Gradu	ate Scho	ol of

Engineering Science, Yokohama National University.