

Fax: +81-75-415-3660

Japanese Society of Plant Physiologists

Student Verification Form

Name: _____

I affirm that the person named above is a full-time student at

_____.

Advisor's name: _____

Advisor's title: _____

Advisor's signature: _____ Date: _____

To qualify for student membership, the above statement must be completed by the student's faculty advisor.
