Graduate School of Medicine, Kyoto University
Professional Degree Program in Public Health 2025

One-Year MPH Course
Letter of Recommendation
(by Professor of Prospective Research Field)

Name in Katakana	
First Name　　Last Name　　Middle Name	
Date of birth	/　　/　　(Age at April 1st 2025:　　years old) (yyyy/mm/dd in western calendar)
Research Subject	

（Reason of recommendation）

Date　　/　　/

Recommender's affiliation/position
Recommender's name

Seal of recommender