

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

<p>One-Year MPH Course Letter of Recommendation (by the superior of the current affiliation)</p>

Name in Katakana			
First Name	Last Name	Middle Name	
Date of birth	/ / (yyyy/mm/dd in western calendar)	(Age at April 1st 2025:	years old)
Research Subject			
(About applicant research- The applicant's attitude towards to the research subject and the content of the research experiments)			
(The state of applicant's general activities)			
Date / /			
Position of Certifier			
Name of Certifier			
			Seal of certifier