Only for 1-Year MPH Course Applicants

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

Certificate of Employment Period

Name in Katakana

Name _____
Date of Birth / /

This is to certify that the above mentioned person (□ is currently employed / □ was employed) as follows.

Name of the Institute/Company:
Appointment date: / /

Employment Period From / / / (Total: Years Months)
To / / /

Position name (Full-time/Tenure)

*Dispatched period as a researcher to the institution
(Fill in the following if you are working as a dispatched researcher as an employee of a private institute/company)

Name of the Institute:

Employment period / / ～ / /

Date: / /

Position of Certifier
Name of Certifier

Official seal or
institution/company seal