

To the Dean of Faculty of Medicine,

Name of Institute/Company:

Address:

Name of Representative:

Official Seal

Signature:

Letter of Consent

I/We hereby permit the person below to pursue and conduct his/her research for his/her personal reasons as a Research Student at the Faculty of Medicine, Kyoto University.

Fees shall be covered by himself/herself.

Name of Affiliation:

Title:

Name:

Enrollment: FROM: / / (YYYY/MM/DD)

TO: / / (YYYY/MM/DD)