Date: year   month   day

Notification of Research Integrity Tutorial

To Dean of Graduate School

Name _____ Signature/Seal _____

I hereby present a notification that I have taken a tutorial for the Research Integrity as a part of the degree application as stated below.

Year entered	(year)
Graduate course or School	☐ Medicine ☐ Medical Science ☐ Public Health
Program	☐ Doctoral Program (Four years) ☐ Doctoral Program (Three years) ☐ Doctoral Degree (Dissertation) ☐ Master's Program ☐ Professional Degree Program
Research Field	
Supervisor's name and seal	印
Tutor's name and seal	印