

Graduate School of Medicine, Kyoto University Doctoral Program in Genomic Medicine 2024

Requirement	8
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Letter of Recommendation For Eligibility Screening

Name in Katakana	
Name of the Applicant	First Name Last Name Middle Name
Date of birth	/ / (yyyy/mm/dd in western calendar) (Age as of April 1 st 2024: years)
Title of the Bachelor's Degree Thesis	If the Bachelor's thesis was not required for the graduation, please write "Not required"
(About the applicant's research – The applicant's attitude toward to the research subject and the content of the research experiments.)	
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(The status of applicant's general activities, personality etc)	
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Date: / /	Institute/Company
	Position of recommender
	Name of recommender
	_____ Signature or Seal of recommender