## Graduate School of Medicine, Kyoto University Doctoral Program in Genomic Medicine 2026

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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	n calendar) (Age as of April 1 <sup>st</sup> 2026:	years)
Title of the Bachelor's Degree			
Thesis		was not required for the graduation, please write "	
research experimer		plicant's attitude toward to the research subject	and the content of the
<b></b>			
(The status of applicant's general activities, personality etc)			
Date:	/ /		
		Institute/Company	
		Position of recommender	
		Name of recommender	
		Signature or Seal o	f recommender