

**Graduate School of Medicine, Kyoto University
Master's Program in Medical Sciences 2024**

Requirement	9 • 10
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※Circle either number

Letter of Recommendation for Eligibility Screening

Name in Katakana	<div style="border-bottom: 1px dashed black; height: 20px;"></div>	
	First Name	Last Name
Date of birth	/ / (yyyy/mm/dd in western calendar)	(Age as of April 1 st 2024 years)
Research Subject	<div style="border-bottom: 1px dashed black; height: 20px;"></div>	
(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)		
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Date: / /	Institute/Company Position of recommender Name of recommender	
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