

Graduate School of Medicine, Kyoto University
Professional Degree Program in Public Health 2024

One-Year MPH Course Letter of Recommendation (by Professor of Prospective Research Field)
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Name in Katakana			
First Name	Last Name	Middle Name	
Date of birth	/ / (yyyy/mm/dd in western calendar)	(Age at April 1st 2024: years old)	
Research Subject			
(Reason of recommendation) 			
Date / /	Recommender's affiliation/position Recommender's name _____ Seal of recommender		