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

One-Year MPH Course Letter of Recommendation (by the superior of the current affiliation)

Name in Katakana						
First Name	Last	Name	Middle Na	ime		
Date of birth	(yyyy/mm/do	/ / I in western ca	alendar)	(Age at April 1st 202	4: years	old)
Research Subject						
(About applica experiments)		Γhe applicant'	s attitude toward	s to the research subject	and the content	of the research
()						
(The state of a	ipplicant's ger	ieral activities) 			
Date	/ /					
			Position of	Certifier		
			Name of Co	ertifier		
					Seal	of certifier