

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

Requirement	6 • 8
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*Circle one of above

<p>Letter of Recommendation For Eligibility Screening</p>

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.)			
(The status of applicant's general activities, personality etc)			
Date: / /			
Institute/Company			
Position of recommender			
Name of recommender			

Signature or Seal of recommender			