Graduate School of Medicine, Kyoto University Master's Program in Medical Sciences 2025

Requirement 9 • 10

%Circle either number

Letter of Recommendation for Eligibility Screening

Name in				
Katakana				
First Name		Last Name		Middle Name
,				
Date of birth	/ / / / / / / / / / / / / / / / / / /	Jan dan)	(A = = = = of A = = il 4st 2025	
	(yyyy/mm/dd in western ca	llendar)	(Age as of April 1st 2025	years)
Research				
Subject				
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(About the ap	plicant's research – The a	pplicant's attitude towa	rd to the research subject	and the content of the
research experiments.)				
				
(The status of applicant's general activities)				
Date:	1 1			
		Institute/Company		
		Position of recomm	ender	
		Name of recommen	der	
				Seal of recommender