

**Graduate School of Medicine, Kyoto University
Doctoral Program in Genomic Medicine 2025**

Requirement

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**Letter of Recommendation
For Eligibility Screening**

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 2025: 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		