

Special Selection for
Working Applicants

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

Letter of Consent

Name in Katakana

Name _____

Date of Birth / / (in Western Calendar)

I/We hereby permit the above mentioned person to take an entrance examination for Doctoral Degree Program in Medicine at Graduate School of Medicine, Kyoto University by the special selection for working applicants.

Also I/We will admit that the above mentioned person may enroll the Doctoral Degree Program in Medicine at Graduate School of Medicine, Kyoto University with maintaining her/his employment, if she/he passes the entrance examination by the special selection for working applicants of Doctoral Degree Program in Medicine at Graduate School of Medicine, Kyoto University.

Date / /

Name of Institute/Company

Position of Certifier

Name of Certifier

Official seal
or institution/company seal