

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

Requirement

6 • 8

\*Circle one of above

**Letter of Recommendation  
For Eligibility Screening**

|  |  |           |             |
|--|--|-----------|-------------|
| Name in Katakana   |  |           |             |
| Name of the Applicant  | First Name   | Last Name | Middle Name |
| Date of birth  | <div> <div>/</div> <div>/</div> <div>(yyyy/mm/dd in western calendar)</div> </div> <div> <div>(Age as of April 1<sup>st</sup> 2025:</div> <div>years)</div> </div> |           |             |
| 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  |  |           |             |
| <div> <div></div> <div>Signature or Seal of recommender</div> </div>   |  |           |             |