## Graduate School of Medicine, Kyoto University Master's Program in Medical Sciences 2026

Requirement 9 • 10

%Circle either number

## Letter of Recommendation for Eligibility Screening

Name in				
Katakana				
First Name		Last Name		Middle Name
Date of birth	/ / / / / / / / / / / / / / / / / / /	Janadan)	( A == = = = of A == =   4st 2020	
	(yyyy/mm/dd in western ca	ilendar)	(Age as of April 1st 2026	years)
Research	İ			
Subject	j.			
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(About the ap	plicant's research – The a	pplicant's attitude toward	d to the research subject	and the content of the
research experiments.)				
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(The status of applicant's general activities)				
Date:	1 1			
		Institute/Company		
		Position of recomme	nder	
		Name of recommend	der	
				Seal of recommender