

【Professional Degree Program in Public Health 2026】

—Only for those who wish to continue their employment after the enrollment—

Letter of Consent

Name in Katakana

Name _____

Date of Birth / /

I/We hereby permit the above mentioned person to take an entrance examination for Professional Degree Program in Public Health 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 Professional Degree Program in Public Health 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 Professional Degree Program in Public Health at Graduate School of Medicine, Kyoto University.

Date / /

Name of Institution/Company
Position of Certifier
Name of Certifier

Official seal
or institution/company seal