

**Graduate School of Medicine, Kyoto University
Professional Degree Program in Public Health 2026**

**One-Year MPH Course
Letter of Recommendation
(by Professor of Prospective Research Field)**

Name in Katakana			
First Name	Last Name	Middle Name	
Date of birth	/ / (yyyy/mm/dd in western calendar)		(Age at April 1st 2026: years old)
Research Subject			
(Reason of recommendation)			
Date	/	/	
Recommender's affiliation/position Recommender's name			
			Seal of recommender