

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

One-Year MPH Course
Letter of Recommendation
(by the superior of the current affiliation)

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			
(About applicant research- The applicant's attitude towards to the research subject and the content of the research experiments)			
(The state of applicant's general activities)			
Date / /			
Position of Certifier			
Name of Certifier			
_____ Seal of certifier			