

Only for 1-Year MPH
Course Applicants

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

Certificate of Employment Period

Name in Katakana

Name _____

Date of Birth / /

This is to certify that the above mentioned person is currently employed was employed } as follows.

Name of the
Institute/Company:
Appointment date:

/ /

Employment Period

From
To

/ / /
/ / /

(Total: Years Months)

Position name

(Full-time/Tenure)

*Dispatched period as a researcher to the institution

(Fill in the following if you are working as a dispatched researcher as an employee of a private institute/company)

Name of the Institute:

Employment period / / ~ / /

Date: / /

Position of Certifier
Name of Certifier

Official seal or
institution/company seal