

**Graduate School of Medicine, Kyoto University**  
**Professional Degree Program in Public Health 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	/ / (yyyy/mm/dd in western calendar) (Age as of April 1 <sup>st</sup> 2026 years)		
Research Subject			
(About the applicant's research – The applicant's attitude toward to the research subject and the content of the research experiments. )			
(The status of applicant's general activities)			
Date:     /     / <div style="text-align: right;">           Institute/Company            Position of recommender            Name of recommender            _____ Seal of recommender         </div>			