Graduate School of Medicine, Kyoto University Doctoral Program in Medicine 2026

Requirement 6 • 8

*Circle one of above

Letter of Recommendation For Eligibility Screening

| Name in Katakana | | | |
|--|-----------------------------------|---|--------------------------------|
| Name of the Applicant | First Name | Last Name | Middle Name |
| Date of birth | / / (yyyy/mm/dd in western cale | ndar) (Age as of April 1 st 202 | e6: years) |
| Title of the Bachelor's Degree Thesis | If the Bachelor's thesis was n | ot required for the graduation, please write | "Not required" |
| (About the applicant's | | titude toward to the research subject and the | |
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| (The status of applica | ant's general activities, persona | llity etc) | |
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| Date: / | 1 | | |
| | | Institute/Company | |
| | | Position of recommender | |
| | | Name of recommender | |
| | | Siç | gnature or Seal of recommender |
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