

# Graduate School of Medicine, Kyoto University

## Doctoral Program in Public Health 2026

—Only for those who wish to continue their employment  
at their current affiliation after the enrollment—

### Letter of Consent

Name in Katakana

Name \_\_\_\_\_

Date of Birth        /        /

I/We hereby permit the above mentioned person to take an entrance examination for Doctoral Degree Program in Public Health at Graduate School of Medicine, Kyoto University by the special selection for working applicants.

Also I/We will admit that the above mentioned person may enroll Doctoral Degree Program in Public Health at Graduate School of Medicine, Kyoto University with maintaining her/his employment, if she/he passes the entrance examination by the special selection for working applicants of Doctoral Degree Program in Public Health at Graduate School of Medicine, Kyoto University.

Date                /                /

Name of Institution/Company  
Position of Certifier  
Name of Certifier

Official seal  
or institution/company seal