

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

Requirement

6 • 7 • 8

※Circle either number

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 calendar)		(Age at April 1 st , 2026 years old)
Desired Research Field	Division	Research Field ()	
Title of the Bachelor's Degree Thesis	If the Bachelor's thesis was not required for the graduation, please write "Not required"		
(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: / /	Institute/Company Position of recommender Name of recommender		
			Signature or Seal of recommender