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**Letter of Recommendation**

**For Admission to the Second Year of the Medical Course, Faculty of Medicine,**

**Oita University, Japan, 2025**

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| Appli-cant | Name: | Sex:  | Date of birth: |
| Admission No.: \* |

 Date:

To the President of Oita University,

I, the undersigned, hereby recommend the above applicant for admission to the Second Year of the Medical Course, Faculty of Medicine, Oita University, Japan, 2025

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| SUPPORTING STATEMENT BY RECOMMENDER |
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| Recommender | Signature:Name in Print:Position:Affiliation:Office Address:Phone Number:Facsimile Number:E-mail Account: |

The recommender should be the applicant’s current or former supervisor.

\* For office use only.