

平成 25 年度医学部医学科第 2 年次後学期学士編入学学生募集要項の訂正について
下記のとおり訂正がありますので、お知らせいたします。
該当ページ：推薦書（英文）

推一英

Letter of Recommendation
For Admission to the Second Year of the Medical Course, Faculty of Medicine,
Oita University, Japan, 2013

Applicant	Name:	Sex:	Date of birth:
	Admission No.: *		

Date of birth:

「of birth」を削除

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, 2013.

SUPPORTING STATEMENT BY RECOMMENDER

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.