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決	研究科長 学部長	事務部長	課長	総括主査	主査	担当者	担当係
裁	専	専					保健学研究科担当 歯学部担当 大学院担当

Application for Issuance of Recommendation Letter

Date: _____

Dear Dean of Graduate School of
Medicine, Dentistry and Pharmaceutical Sciences

Department _____

Contact Info. (TEL etc.) _____

Student ID NO. _____

Applicant's Name _____

I would like to request a letter of recommendation from the Dean of the Graduate School in the attached form for the following matters.

DETAILS

Title	Letter of Recommendation for Receiving Research Subsidy of Okayama University
Where to Submit	President of Okayama University (Student Support Section, Academic Affairs Department)
Purpose of Use	To apply for the Research Subsidy Program as stipulated in Clause 1, Article 2 of the "Internal Rules for the Research Subsidy Program of Okayama University".

Proof of Supervising Professor

I acknowledge that the conferences presented by the above-mentioned persons can be considered to be "equivalent to conferences, etc. designated by the President" as shown in the attached document.

Date: _____

Professor's
Signature _____