

Co-author's Letter of Consent Form

Seal of Professor
(Seal)

Year/Month/Date / /

To Dean, Graduate School of Medicine, Dentistry and Pharmaceutical Sciences,
Okayama University

Name in Print _____

Signature _____

I herewith give permission and agree that Applicant's Name will submit the following publication as an academic dissertation at Okayama University. I also declare that I will not use the article as my own dissertation.

Additionally, I give the applicant permission to release the dissertation on the website of Okayama University Scientific Achievement Repository.

Title of publication

Be sure to fill in your dissertation title exactly as it appears in your dissertation submitted with your application

Coauthors including the applicant

First author: Enter applicant's name

Other coauthors: Enter the names of all co-authors

Name of Journal

Do not abbreviate the name of the journal

(Notice)

※The coauthor should sign an autograph.

※All coauthors should submit the Co-author's Letter of Consent Form within a period of application.

※Please refer the URL for Okayama University Scientific Achievement Repository.

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