推－英

**Letter of Recommendation**

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

**Oita University, Japan, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| 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

|  |
| --- |
| 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.