

Letter of permission for taking examination

To: Nagoya City University
Attn: The Dean, Graduate School of Medical Sciences

Name of applicant: _____

Title and Institution (Company): _____

I approve that the above person takes the examination for the Master's Degree Program of the Graduate School of Medical Sciences, Nagoya City University.

Date (dd/mm/yyyy): _____

Signature: _____

Printed Name: _____

Title and Institution (Company): _____

Relationship with the applicant: _____

Note: If you are in employment and wish to be admitted while remaining employed, submit this document issued by your superior.