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| 受　験　承 諾 書 | | | | | | | | | | | | |  |
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| このたび、志願者 | | |  | が | | | |  | | | |
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| 貴学大学院薬学研究科博士前期課程(特別推薦・推薦・一般選抜)入学試験を受験し、当分野を志望することに承諾します。 | | | | | | | | | |  | | |  |
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　＊分野責任者の教員と必ず研究計画等について事前に相談し、受け入れ可であることを確認したうえで出願して下さい。事前相談のない場合は、志望分野への配属ができない場合があります。