**Priority order**: 　　　among (total number of applicants from your institution)

\* If your university recommends more than one student to this program, please specify the priority of each applicant by filling in the "Priority order" above.

**Recommendation Letter**

Month Date, Year

Prof. Osamu Hori

Dean, Graduate School of Medical Sciences

Kanazawa University

13-1 Takara-machi, Kanazawa

Ishikawa 920-8640

JAPAN

Dear Prof. Osamu Hori,

I would like to ask you to accept Mr./Ms. Student Name from his/her affiliation, University Name as a special auditor of the doctoral course in the Department of Name of Research Field (KU side) of the Graduate School of Medical Sciences, Kanazawa University from Month Date, Year to Month Date, Year. His/Her major research field is the Name of Research Field and his/her current research work is “the theme of research”.

Sincerely Yours,

 (Signature)

Name

Position (Dean/Director Class)

Name of University