

Letter of Acceptance

I accept the student(s) of your university as follows.

1) Name of student(s)

2) Institute

Osaka University Faculty of Medicine

3) Duration

 / / ~ / /
(year) (month) (day) (year) (month) (day)

4) Purpose of activities

5) Host information

Institution: _____

Department: _____

Address: _____

Coordinator (Supervisor): _____

Position: _____

Email: _____

Signature: _____

Date: _____

注意事項

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先方から別途下記の内容と同じ事項が確認できる受入承諾書を発行してもらえる場合はこの用紙の提出は必要ありません。

1)、3)は自分で記入
複数人が同じ施設に同じ期間で行く場合は1)に名前をまとめて記入

4) 目的を記入
例 : Clinical Elective/Clinical Clerkship/Hospitaltour

5)は受入担当医やコーディネーターに記入を依頼する