

<b>ID NUMBER</b> (FOR OFFICE USE ONLY)

DATE	/	/
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Dean of Graduate School of Medicine, The University of Osaka

Address of Institution/Company	
Name of Institution/Company	
Representative of Institution/Company	Official Seal

### Permission Form (Approval Form)

The following person will be allowed to take the entrance examination for Graduate School of Medicine, The University of Osaka Doctor course.

Furthermore, should the following individuals pass the entrance examination; he or she will be authorized to work during their admission to the University of Osaka Graduate School of Medicine.

Name	
Position	
Date of Birth	