

[Qualification for Application 5: Required documentation]

Permission/Approval of Examination

To the president of Kansai Medical University

Name:

Date of birth:

I hereby allow the above person to take the 2011 entrance examination of Graduate School of Medicine, Kansai Medical University (special selection method for workers).

Also I shall allow the above person to retain his or her current employment status after enrolling in the graduate school.

Date

Address

Name of the company

Manager

seal