Date:

(Month) (Day) (Year)

To: Director of the Institute for Frontier Life and Medical Sciences,

Kyoto University

Institution:

Position (Dean, Director, etc.):

Name (With Signature or Seal)

Printed Name: (Seal)

 (Signature)

**Letter of Consent**

I hereby consent to allow following person to apply for the Joint Usage/Research Center Program as described below:

Head applicant

Position　　　　　　　　　 Name