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**

This is to consent that the following person apply for Joint Usage/ Research Center Program as described below:

1. Project Title

2. Institution, Position, and Names of the head applicant and his/her joint researchers

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| --- | --- | --- | --- |
| Institution | Position | Name | When listing a graduate student, his/her mentor’s signature or seal is required in this space. |
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