Date:

(Month) (Day) (Year)

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

Kyoto University

Institution:

Position (Dean, Director, etc.):

Name (With Signature)

Printed Name:

 (Signature)

**Letter of Consent**

I hereby consent to allow the following person to apply for the Joint Usage/Research Center Program.

Head applicant

Position　　　　　　　　　 Name