Consent from Employer

Date:

To the Presidents of:

Shizuoka University

Hamamatsu University School of Medicine

Name of supervisor or representative

Employing organization

Address

　　　　　　　　　　　　　　　Personal seal

I consent to the person detailed below undergoing the selection process for admission to the Cooperative Major in Medical Photonics (3-year doctoral program) at the graduate schools of Shizuoka University and Hamamatsu University School of Medicine from the 2020 academic year. Should he/she pass the selection process, I also consent to his/her being enrolled on the course while continuing his/her employment.

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Name

Date of birth　　Year: Month: Day: