

Date: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

To the Director, Graduate School of Medical and Dental Sciences

\_\_\_\_\_  
(Signature and stamp of applicant's supervisor)

## Letter of Acceptance

I hereby agree that the following person take an entrance examination for the Graduate School of Medical and Dental Sciences, Niigata University.

Applicant's Name \_\_\_\_\_