Letter of Permission

Date: (year) (month) (day)
To:
The Director,
Graduate School of Medical and Dental Sciences
Niigata University
I hereby agree that the following person takes an entrance examination for the
Graduate School of Medical and Dental Sciences, Niigata University.
Gradule School of Ficultar and School Schools, Trigata Chiversity.
Applicant's Name
(Name and Signature of your current supervisor)