

Year/Month/Day

To the Dean of the Graduate School of Medical Sciences

Please write your name in print exactly as it is written in your student ID.

Applicant

Self-signed

(Sign)

Seal

Application for Doctorate

I hereby apply for the Doctorate of ( Medical Sciences ) with the Thesis, the resume and the index of the Thesis attached.

Year/Month/Day

To the Dean of the Graduate School of Medical Sciences

Letter of Consent for Submission of Thesis

With regard to the submission of the Thesis written by (Applicant name) Name \_\_\_\_\_,  
I confirm that the documents to be submitted, such as the Thesis, the index of the Thesis, and the  
abstract of the Thesis, are appropriately made in accordance with the format stated in “How to  
Make Application Documents for Thesis,” and agree to submit the Thesis

Academic (introductory) advisor Name **山田 一郎**  
(Sign)

Please write candidate's names for examiners

Head of examiner Professor ○○ ○○

Examiner Professor △△ △△

Examiner Professor □□ □□

Examiner Professor ◇◇ ◇◇

※ An academic advisor, an introductory advisor, coauthors of Thesis, and advisors who belong to the same department of applicant are not permitted to be examiners.

**Co-authors of Thesis who belong to Kumamoto University as academic advisors are as below.**

○○ ○○、○○ ○○、○○ ○○、○○ ○○

○○ ○○、○○ ○○、○○ ○○、○○ ○○

(※Please be aware that the academic advisors whose name are not stated above might be selected as your examiner.)