

受 験 承 諾 書  
Written permission for taking the examination

United Graduate School of Drug Discovery and Medical Information Sciences, Gifu University

岐阜大学大学院連合創薬医療情報研究科 \_\_\_\_\_ 専攻入学志願者

Courses of Specialization Candidates for admission

\_\_\_\_\_ の受験を承諾します。  
\_\_\_\_\_ is given permission for taking the examination.

令和 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

承諾者

Those who approve it

所属・職名

Belonging・occupation

氏 名 \_\_\_\_\_ (署名)

Name

Signature