(YYMMDD)

Dear President of Kyushu Dental University:

|  |  |  |
| --- | --- | --- |
| （Company） 　 |  |  |
| Address： |  |  |
| Company name： |  |  |
| Title of the representative：　 |  |  |
| Name of the representative： |  | Official Seal |

This is to certify that the individual specified below is expected to be employed at our company. I grant permission for him/her to apply for Kyushu Dental University Graduate School of Dentistry under Special Application for Working Adult and pursue studies during his/her tenure at our company.

|  |  |
| --- | --- |
| Name |  |
| Date of birth (YYMMDD) |  |
| Current address |  |
| Work start date (YYMMDD) |  |
| Work style | Full-time　・　Other （　　　　　　　　　　　　　　　　　　　　　　） |