Letterhead

Date

To Whom it May Concern,

Institution Name confirms Student Name is a registered full-time student and is expected to graduate in Month Year and acquire a medical license in Month Year.

Student Name:

* Is applying to the Juntendo University Faculty of Medicine Clinical Observership Program in Month Year.
* Is in good academic standing.
* Has studied material relating to the department he or she has applied to: Names of Departments
* Has completed the bed-side training portion of their medical curriculum.
* Has completed clinical electives or clerkships as a part of our medical program.
* Has English or Japanese language skills and will be able to participate in discussions in either English or Japanese.
* Is one of potentially three students that will apply from our school.

Institution contact person:

* Name
* Position
* Department
* Phone Number, Email Address

In the event there is a change to the contact person, Institution Name will provide an updated contact person.

Signature and Stamp

Name of The Person Who Signed The Letter

Institution Name

Office Name

Address

Phone Number

Email Address