**Letter of Acceptance**

I am writing to confirm the following student(s)’s acceptance to the visiting student’ elective program at our institution:

1. Name of student(s)
2. Institute

The University of Osaka, Faculty of Medicine

1. Duration (yy/mm/dd)

From / 　 / 　 to / 　 /

1. Host information

Institution:

Department:

Address:

Coordinator (Supervisor):

 　　　　　　Position:

 　　　　　　　Email:

Signature:

Date: