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| \* To be submitted only by those who are currently employed | Examinee Number | \* |
| Written Consent |
| YYYY / MM / DD |
| Juntendo University Graduate School of Health Care and NursingDean |
|  | Organization |  |
| Supervisor |  | Seal |
|  | Signature |  |
|  |  |
| I confirm that the following person will apply for the Doctoral Program in Nursing at Juntendo University Graduate School of Health Care and Nursing, and will allow them to take the course while still employed if they wish to enroll after passing the examination. |
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|  | Organization |  |  |
|  | Position |  |  |
|  | Name |  |  |
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