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| Supervisor's seal |
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　　　　　　　　　　 Year Month Day

To President of Yokohama City University

Yokohama City University

Graduate School of Medicine

Doctoral Degree Program

Name seal

**Application Form for a Doctoral interim review**

I attach the related documents listed below and apply.

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| 1 | Doctoral interim review: summary of research (designated form)  ※If there are two or more themes,4copies for each. | 4 copies |
| 2 | A letter of nomination regarding a Doctoral Dissertation Review Committee member (designated form) | 1 copy |

Regarding this application, I confirmed the following. （Check：□）

□If any of the following interested parties is appointed as a member of the review committee, the applicant must notify the committee in writing.

① A person who is a relative of the degree applicant or has an equivalent close personal relationship with the degree applicant.

② A person who is a supervisor in the department or division to which the degree applicant belongs.

③ A co-author of the main or secondary thesis or a person with whom the applicant has a cooperative relationship regarding the research.

④ Any other person who has a vested interest in the degree applicant or the research content of the main or secondary thesis.

□No gratuities of any kind should be given in connection with the degree.