

(form C)

## Letter of Consent

### Manuscript:

(論文のタイトルを記入。)

申請者の氏名を記入。

I agree that \_\_\_\_\_ (*Name*) may use the content of the above paper jointly written by him/her and me and write a doctorate thesis to apply for the Ph.D. degree of Osaka Medical and Pharmaceutical University.

I also agree, as a co-author, that the manuscript will be published in the Osaka Medical and Pharmaceutical University Repository.

I certify that I will not use the manuscript as the main dissertation for the application of my own degree.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature の前に、当該外国人の所属機関・氏名を活字にて記載すること。