

受験番号 Examinee's No.	※
------------------------	---

※Leave blank

医学系研究科長 殿

Dear Dean of the Graduate School of Medicine (Doctor of Philosophy), Kagawa University

オンライン試験受験にあたっての誓約書
Written Oath

I hereby agree to comply with the following conditions, when taking the online examination for the Graduate School of Medicine, Kagawa University:

- No other person will be permitted to enter the room designated for the examination (test room), from the start to the end of the examination. In addition, all efforts will be made to ensure the test room remains as quiet as possible.

- No electronic devices, other than those needed for the online examination, will be brought into the test room. If this is unavoidable, any electronic devices will have their power switched off (silent mode is not permitted) and will not be handled, for the duration of the test.

- I understand that the recording of any images/sounds during the test, and the broadcast of any such images, videos, audio data, etc. is strictly forbidden.

I understand that failure to comply with any of the above conditions will result in the examination becoming invalid.

年 月 日

Date year/month/day

氏名 (自署)

Name (Signature)
