

**2013 Application Form for Master's and Doctoral Program
in Medical Sciences**
Graduate School of Comprehensive Human Sciences, University of Tsukuba



PLEASE PRINT OR TYPE ALL SECTIONS

1. APPLICATION FOR

- Medical Sciences (Master's degree program : two-years)
- Public Health (Master's degree program : two-years)
- Biomedical Sciences (Doctoral degree program : four-years)

2. PERSONAL DATA

Family Name _____ Middle Name _____
 First Name _____ Title (Mr./Ms./Dr., etc.) _____
 Nationality _____ Date of Birth (d/m/y) _____
 Address _____
 Telephone _____ Mobile _____
 E-mail address _____ (We will use e-mail as the primary contact.)

3. PROPOSED STUDIES

Please select a desired field of study from the faculty list and indicate the name of professor. The 2nd through 4th choices will be considered only if your 1st choice is not accepted.

	Research Field	Professor
1 st choice :	_____	_____
2 nd choice :	_____	_____
3 rd choice :	_____	_____
4 th choice :	_____	_____

4. DEGREE OR DIPLOMAS AWARDED OR TO BE AWARDED

University / College	Degree (AA, BA, MSc, etc.)	Major	Course Dates	Conferred or expected date (month/year)
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____

5. EMPLOYMENT HISTORY

Name and Address of employer (including country)	Type of Contract (fixed, temporary or permanent)	Position	Dates
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

6. LANGUAGE

First Language _____ Other Languages _____

English Language Test Taken (e.g. TOEFL, IBT)	Date of Test taken (month/year)	Overall Score	Written Score
_____	_____	_____	_____
_____	_____	_____	_____

Official copy of English language proficiency test must be sent to the Registrar office when the results are available.

7. LETTER OF RECOMMENDATION

If you have research experience in academic institutions during the past 5 years, you are required to obtain letters of recommendation from faculty who is familiar with your study. If you have any work experience, the second recommender should be from your employer. If you have no record of employment, the second recommender should be from another academic.

FIRST RECOMMENDER

Name _____ Position _____
Address _____
Tel _____ Fax _____
E-mail _____

SECOND RECOMMENDER

Name _____ Position _____
Address _____
Tel _____ Fax _____
E-mail _____

You should send your reference letter in a sealed envelope with your application forms or ask the recommender to send it directly to the International Office at the University of Tsukuba, Medical Branch.

8. FINANCIAL PLAN

Who is paying your tuition?

- I will apply for Japanese Government Scholarship offered by the program. (You need to send the attached forms.)
 I have another scholarship.

Name of Scholarship: _____

Duration of the support: _____

Amount: _____ / year

- I will pay my own fees.

Who is paying your living costs?

- I will apply for Japanese Government Scholarship offered by the program. (You need to send the attached forms.)
 I have another scholarship.

Name of Scholarship: _____

Duration of the support: _____

Amount: _____ / year

- I will pay my own fees.

I certify that the statements made by me on this form are correct and complete. I certify that I will not be concurrently registered for another Degree of the University of Tsukuba. I understand that, if admitted to the University, the University will not be able to provide any financial assistance. To be signed and date by applicant.

Signature _____

Date: _____