

【October enrollment; MEXT (University recommendation)】

## 2019 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 FORM

- ☐ Medical Sciences (Master's degree program : two-years)
- ☐ Public Health (Master's degree program : two-years)
- ☐ Biomedical Sciences (Doctoral degree program : four-years)
- ☐ Clinical 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	_____		
	_____	Postal code	_____
Telephone	_____	Mobile	_____
E-mail	_____	Skype ID	_____

(We will use E-mail as the primary contact.)

### 3. PROPOSED STUDIES

List the 2<sup>nd</sup> and 3<sup>rd</sup> choices in case the 1<sup>st</sup> choice is not selected. If your supervisor is from Cooperative Graduate School System or a specific supervisor (※), you are required to have a sub-supervisor.

	Research Field	Supervisor and Sub-Supervisor
1 <sup>st</sup> choice :	_____	_____
		(Sub) _____
2 <sup>nd</sup> choice :	_____	_____
		(Sub) _____
3 <sup>rd</sup> choice :	_____	_____
		(Sub) _____

### 4. DEGREE OR DIPLOMAS AWARDED OR TO BE AWARDED

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

## 6. LANGUAGE

First Language _____	Other Languages _____		
English Language Test Taken (e.g. TOEFL, IBT)	Date of Test (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. 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: \_\_\_\_\_

- ☐ 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: \_\_\_\_\_

- ☐ 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: \_\_\_\_\_