

Application Form for Master's Programs

Master's Program in Medical Sciences

Master's Program in Public Health

Graduate School of Comprehensive Human Sciences, University of Tsukuba



PLEASE PRINT OR TYPE ALL SECTIONS

1. APPLICATION FOR: ☐ Fall (October), 2025 ☐ Spring (April), 2026

- ☐ Master's Program in Medical Sciences (Two-years; including Japanese applicant living abroad)
- ☐ Master's Program in Public Health (Two-years; including Japanese applicant living abroad) *Only April enrollment
- ☐ Dual Master's Degree Program

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 _____

3. PROPOSED STUDIES

List the 2nd and 3rd choices in case the 1st choice is not selected.

	Research Field	Supervisor
1 st choice :	_____	_____
2 nd choice :	_____	_____
3 rd choice :	_____	_____

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 _____
_____	_____	_____	_____ to _____

6. LANGUAGE

First Language _____ Other Language _____

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. 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 REFERENCES IN A SEALED ENVELOPE WITH YOUR APPLICATION FORM

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 (Applicant for Dual Master's Program do not need to complete this section)

Who will pay your tuition?

- ☐ I will pay my own fees.
- ☐ I have been awarded for sponsorship. I will send an original document to Registrar and complete the details below.
- ☐ I have applied for sponsorship. Decision expected (month/year) _____

NAME & ADDRESS OF SPONSOR

AMOUNT OF AWARD

_____	_____
_____	_____
_____	_____

Who will pay your living costs?

- ☐ I will pay my own fees.
- ☐ I have been awarded sponsorship. I will send an original document to Registrar and complete the details below.
- ☐ I have applied for sponsorship. Decision expected (month/year) _____

NAME & ADDRESS OF SPONSOR

AMOUNT OF AWARD

_____	_____
_____	_____
_____	_____

I certify that the statements 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: _____

Field of Study & Study Program

(1) Describe your current field of study:

(2) Describe your study and research you plan to pursue (use additional pages if necessary) :