

【October enrollment; MEXT (University recommendation)】

**2023 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)
- Medical 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 \_\_\_\_\_  
(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 associated with the program (Please submit all the required forms when submitting the application).
- I have another scholarship.  
 Name of Scholarship: \_\_\_\_\_  
 Duration of the support: \_\_\_\_\_  
 Amount: \_\_\_\_\_
- I will pay my own fees.

***I certify that my statements on this form are correct and complete. I understand that if I apply for the Japanese Government (MEXT) Scholarship-University Recommendation, I cannot apply for other MEXT scholarships during the same fiscal year. I also understand that, If admitted to the University of Tsukuba, the University will not directly provide financial assistance. To be signed and date by applicant.***

Signature \_\_\_\_\_

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