



**Application form for Doctoral Program in Medical Sciences**  
 Graduate School of Comprehensive Human Sciences, University of Tsukuba

PLEASE PRINT OR TYPE ALL SECTIONS

**1. APPLICATION FOR:**     **Fall (October), 2026**     **Spring (April), 2027**

- Doctoral Program in Medical Sciences (Four-years; including Japanese applicant living abroad)
- Dual Doctoral Degree Program (for applicant enrolled in foreign graduate school affiliated with University of Tsukuba to obtain doctoral degree from both institutes)

(Applicants must select one enrollment period only. Changes after application submission are not permitted.)

Picture 3cm x4cm

**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 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	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 _____
_____	_____	_____	_____ to _____

## 6. LANGUAGE

First Language \_\_\_\_\_ Other Languages \_\_\_\_\_

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

If you completed your program in English, submission of a Medium of Instruction (MOI) certificate issued by your home institution will also be accepted. Photocopies of the score report or MOI certificate are acceptable.

## 7. LETTER OF RECOMMENDATION

\*The letters must be sent directly from the referees to the university by email as attachments.

Applicants must submit two letters of recommendation.

- If the applicant has conducted research at an academic institution within the past five years, one letter must be from a faculty member who is familiar with the applicant's research.
- If the applicant has work experience, the second letter should be from the applicant's employer.
- If the applicant has no employment history, the second letter should be from another faculty member.

### FIRST RECOMMENDER

Name \_\_\_\_\_ Position \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Tel \_\_\_\_\_  
E-mail \_\_\_\_\_

### SECOND RECOMMENDER

Name \_\_\_\_\_ Position \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Tel \_\_\_\_\_  
E-mail \_\_\_\_\_

## 8. FINANCIAL PLAN

### Who will pay your tuition?

- 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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) :