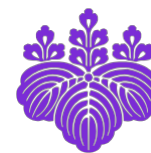


Application form for Master's Program in Medical Sciences

Graduate School of Comprehensive Human Sciences, University of Tsukuba



PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS OR BY TYPING.

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

- Master's Program in Medical Sciences (Two-years; including Japanese applicant living abroad)
- Dual Master's Degree Program

Applicants must select only one enrollment period. The selected enrollment period cannot be changed after submission of the application.

Picture 3cm ×4cm

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. 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 st choice :	_____	_____
		(Sub) _____
2 nd choice :	_____	_____
		(Sub) _____
3 rd 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) :