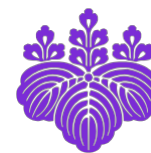


# Application form for Master's Program in Public Health

Graduate School of Comprehensive Human Sciences, University of Tsukuba



PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS OR BY TYPING.

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

Master's Program in Public Health (Two-years; including Japanese applicant living abroad)

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

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: **\*Generative AI must not be used when writing this section.**

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

Please complete the checklist on the use of Generative AI in your research proposal.  
Please check all items that apply.

- Not used
- Used for idea organization or information search
- Used for improving wording or language
- Used for generating text

AI tools used (optional)  
(e.g., ChatGPT, Gemini, Claude, etc.)