

# 2014 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 FOR

- ☐ Medical Sciences (Master's degree program : two-years)  
☐ Public Health (Master's degree program : two-years)  
☐ Biomedical 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 \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-mail address and \_\_\_\_\_  
 Skype ID \_\_\_\_\_ (We will use e-mail as the primary contact.)

## 3. PROPOSED STUDIES

Please select a desired field of study from the faculty list and indicate the name of professor. The 2<sup>nd</sup> through 4<sup>th</sup> choices will be considered only if your 1<sup>st</sup> choice is not accepted.

	Research Field	Professor
1 <sup>st</sup> choice :	_____	_____
2 <sup>nd</sup> choice :	_____	_____
3 <sup>rd</sup> choice :	_____	_____
4 <sup>th</sup> choice :	_____	_____

## 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 _____

## 6. LANGUAGE

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

English Language Test Taken <input type="checkbox"/> (e.g. TOEFL, IBT)	Date of Test taken (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: \_\_\_\_\_ / year

- ☐ I will pay my own fees.

### Who is paying your living costs?

- ☐ 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: \_\_\_\_\_ / year

- ☐ I will pay my own fees.

I certify that the statements made by me 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: \_\_\_\_\_