

Graduate School of Medicine, Shiga University of Medical Science

APPLICATION FOR GRADUATE ADMISSION

(Program for Leading Graduate Schools)

博士課程教育リーディングプログラム入学志願票

社会人入学希望の方は○

1. Name 氏名		Affix photo taken within the last three months. Photo must include head and upper torso (approx. 40 mm x 30 mm)	
_____ , _____ (Family Name) 姓 (First Name) 名 (Middle Name)			
2. Date of Birth 生年月日 _____ (Year [YYYY]) (Month[MM]) (Day [DD])			
3. Age (As of Oct. 1, 2017) 年齢 _____			
4. Nationality 国籍 _____		5. Sex 性別 <input type="checkbox"/> Male <input type="checkbox"/> Female	
		6. Marital Status 配偶者の有無 <input type="checkbox"/> Single <input type="checkbox"/> Married	
7. Proposed Division 志望講座 See list of supervisors and research areas (Table.2) 入学案内別表2・本学所属者分参照のこと			
Name of Department _____		Division _____	
Name of Program _____		Program for Leading Graduate Schools	
8. Present Address and Phone 現住所 電話番号			
Mailing Address 住所 _____		Phone _____	
9. Current Position 現在の所属 (If employed, employers name and address)			
Name and Address 名称 住所 _____			
Division 所属部門 _____			
Position 職位 _____			
E-mail _____		Phone/Fax _____	
10. Academic Background 取得学位			
10a. Undergraduate 学部			
University 大学 _____		Country 国 _____	
Major 専攻 _____		Degree & Year for granted _____	
10b. Graduate 大学院			
University 大学 _____		Country 国 _____	
Major 専攻 _____		Degree & Year for granted _____	
If additional space is needed, please add an additional page 足りない場合追加してください			
11. Emergency Contact in the Applicant's Home Country 緊急連絡先			
Name 氏名 _____		Relationship 関係 _____	
Mailing Address 住所 _____			
E-mail _____		Phone/Fax _____	

12. Contact Information of the person who recommend you 推薦者連絡先：推薦者3名ご記入ください。
(Please include the names and contact information for 3 references)

Name 氏名	Affiliation 所属 Position 職名
Mailing Address 住所	
E-mail	Phone/Fax
Name 氏名	Affiliation 所属 Position 職名
Mailing Address 住所	
E-mail	Phone/Fax
Name 氏名	Affiliation 所属 Position 職名
Mailing Address 住所	
E-mail	Phone/Fax

13. Pledge

To the President,
Graduate School of Medicine, Shiga University of Medical Science

I hereby apply for Admission into the Program for Leading Graduate Schools with the required documents.

I understand the examination fee is non-refundable.

滋賀医科大学学長殿

私はここに必要書類と共に貴大学院リーディングプログラムを志願いたします。
いかなる場合も検定料の返還は求めません。

Date of Application:

申請年月日

Name of Applicant:

志願者名

Signature: 署名

Curriculum Vitae

履 歴 書

Name 氏名			
Date of Birth 生年月日		Age 年齢	
Nationality 国籍		Sex 性別	<input type="checkbox"/> M <input type="checkbox"/> F

Educational Background 学歴 (history after the entrance of elementary school)				
Education	Name and Location of School 学校名、所在地	Year/ Month of Entrance 入学年月	Year/Month of completion 卒業年月	Standard number of years required for graduation 修業年限
Elementary Education (小学校)	Name of School: 学校名 Location (City, Country): 所在地			
Secondary Education (中学校)	Name of School: 学校名 Location (City, Country): 所在地			
Upper Secondary Education (高等学校)	Name of School: 学校名 Location (City, Country): 所在地			
Higher Education (Undergraduate Level) 学部	Name of School: 学校名 Location (City, Country): 所在地			
Higher Education (Graduate Level) 大学院	Name of School: 学校名 Location (City, Country): 所在地			

If space is not sufficient, please add an additional page. 足りない場合追加してください

Licenses, Qualifications 免許・資格		
Name of Licenses and Qualifications 免許・資格名	Date of Issue 取得年月 (Year and Month)	Country Issued 取得国

If space is not sufficient, please add an additional page. 足りない場合追加してください

Employment record 職歴			
Name and Location of Organization 組織名、所在地	Period of Employment (From: to:)	Position 職位	Type of Work 職務内容

If space is not sufficient, please add an additional page. 足りない場合追加してください

Japanese Language Proficiency 日本人の方は特に必要な方以外結構です				
Reading	Excellent	Good	Fair	Poor
Writing				
Speaking				

Accompanying Dependents (provide the following information if you plan to bring any family members to Japan) 同居する扶養家族		
Name	Relationship	Age

Important Notice: All expenses incurred by dependents must be assumed by the applicant.

Immigration Records to Japan 日本人の方は特に必要な方以外結構です	
Date (From: to:)	Purpose

I hereby declare that all of the information provided herein is accurate and valid.

私はここに上記のすべての内容が真実であることを誓います。

申請年月日 Date of Application: _____

志願者名 Name of Applicant: _____

署名 Signature: _____

Name of Applicant: _____

Personal Statement in English

In no more than 1,000 words, please describe **1. Your back ground 2. What you would like to study** as it pertains to domestic and international efforts to reduce the burden of non-communicable disease in the Asian Pacific region.

(Attach additional pages if necessary) [**Total number of words: _____words, 10-12 point font size**]

Name of Applicant: _____

Scientific and Academic Activities

研究業績 日本語論文・発表は日本語で記載してください。

(attach additional pages if necessary)

1. Publications

1-1. Original articles, reviews, and other written publications

Example:

1. Ueshima H, Sekikawa A, Miura K, Okamura T. Cardiovascular disease and risk factors in Asia. *Circulation*. 2008;118:2702-2709

(delete this example at the time of submission)

1-2. Presentation at Scientific Conferences

2. Scientific and Academic Awards

Example:

1. The Young Investigator Award in 2008 (from Japanese Heart Association, 2008)
2. Best poster presentation award (Ueshima H, Sekikawa A, Miura K, Okamura T. Cardiovascular disease and risk factors in Asia. *Circulation*. 2009, 146th Meeting of the Japanese Heart Association, 2009)

(delete these examples at the time of submission)

3. Other Scientific and Academic Activities

Example:

1. Advanced Training Course for Biostatistics(Aug. 20 to Dec. 15, 2009, at , Japan)

(delete these examples at the time of submission)

CERTIFICATION OF ENGLISH PROFICIENCY

Name of Applicant: _____

Please check one:

- My native or official language is English (no certificate should be necessary).
- I have certification from an English proficiency test (copy of certificate(s) attached).
- I have been certified for English proficiency by an English teaching staff member of the university from which I graduated.

(To be filled in by an English teaching staff member of the university from which you graduated)

Please evaluate the applicant's English proficiency level.

Please circle the appropriate letter for each ability (A: Excellent, B: Good, C: Fair, D: Poor), and add any details that may be helpful.

Name of Applicant: _____

1. Reading (A, B, C, D):

2. Writing (A, B, C, D):

3. Speaking (A, B, C, D):

I hereby certify the applicant's English proficiency level.

Date _____

Signature _____

Name of the English Teaching Staff Member _____

Affiliation _____

Contact information for English teaching staff (e-mail address, telephone number):

RECOMMENDATION LETTER

推 薦 書

志願者名 Name of Applicant: _____

日付 Date _____

推薦者署名 Signature _____

推薦者名 Name _____

推薦者所属 Affiliation _____

職名 Position _____

メールアドレス・電話番号 Contact information (Email Address, Telephone No.)

厳封の上志願者にお渡してください。Please insert the completed recommendation in the enclosed envelope. Seal the envelope and sign your name across the seal. After this is completed, please give the envelope to the applicant.

(様式例)

受 験 許 可 書

平成 年 月 日

滋賀医科大学長 殿

所 在 地

名 称

代表者名

印

_____に在学・在職している、下記の者について、
平成29年度滋賀医科大学大学院医学系研究科博士課程教育リーディングプログラム入学試験を受験することを許可します。

記

氏 名

生年月日

平成29年度 出願資格認定審査申請書
2017 Application for Eligibility Screening

滋賀医科大学長 殿

貴大学大学院医学系研究科博士課程教育リーディングプログラムに出願を希望します。

ついては、出願資格の認定を受けたいので、所定の書類を添えて申請いたします。

To the President,

Graduate School of Medicine, Shiga University of Medical Science

I hereby apply for eligibility screening for the admission examination to
the program for Leading Graduate Schools with the required documents.

Signature: _____

署名

Name of Applicant: _____ Date: _____

志願者名