

受付番号：

## Application for 2021 SUMS Scholarship

### Instructions

1. Type or write neatly by hand in block letters in Japanese or English.
2. Use Arabic numerals (0.1.2.3...) and Western calendar.
3. Write proper nouns in full without abbreviation.

Photo  
 (Write your name  
 on the back of a  
 photo.)  
 4.5cm × 3.5cm

To: The President of Shiga University of Medical Science,

Name (in alphabet)	Surname	Given name	Middle name	
* Write your name exactly as it appears on your passport				
Date of Birth	____ / ____ / ____ (yyyy) (mm) (dd)	Age (as of April 1, 2022)	yrs	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Applicants must have been born on or after April 2, 1986.				
Nationality			Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Current Address				
	Email			Phone
Final Educational Record	Name of Institution			
	Major Faculty / Department			
	Year and Month of Graduation	/	<input type="checkbox"/> Check (if to be expected)	
Current Affiliation	Name of Institution			
	Department		Title / Position	
	Address			
	Email			Phone

## 1. Academic Record

\*If you took a leave of absence, specify the period and the reasons in the column "Remarks".

Primary Education (Elementary School)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Lower Secondary Education(Middle School/Junior High School)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Upper Secondary Education ((Senior) High School)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Tertiary (Higher) Education (Undergraduate)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Tertiary (Higher) Education (Graduate)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Tertiary (Higher) Education (Graduate)	School name						
	Location						
	Year & Month of entrance & graduation	From	/	to	/	Period of schooling attended	yrs
	Remarks						
Total years of schooling attended as of April 1, 2022		yrs					
Do you have a medical license?		<input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span> (Issue date : <span style="float: right;">)</span> (Country : <span style="float: right;">)</span>					



#### 4. Research Program

Desired Department to Enroll in	
Research Subject	

**Please describe your study program within the 1000 words limit.**



### 6. Language ability

	Reading	Writing	Speaking	Listening	
Japanese					
English					
Others (                    )					
* Self-rate on a scale of 3 to 0.		3 = Excellent	2 = Good	1 = Fair	0 = Poor
Japanese language qualifications	JLPT	Level	Total Score	Other	Score
English language qualifications	TOEFL	iBT	IELTS	Other	Score
		Other type (                    )			

### 7. Accompanying Dependents

\* Provide the following information if you plan to bring any family members to Japan.

<p>* All expenses incurred by the presence of dependents must be borne by the grantee. Applicants are advised to take into consideration the various difficulties in finding accommodation and its expenses. Therefore, those who want to accompany their families are well advised to come alone first and let them come after suitable accommodation has been found.</p>			
Name	Relationship	Age	Nationality

<p>I understand and accept all the conditions stated in the Application Guidelines for Shiga University of Medical Science (SUMS) Scholarship for 2021 and upon confirmation of my qualifications for application as stated above, I hereby apply for this scholarship.</p>			
Applicant's signature		Date of application	20    年        月        日 year / month / day