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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.) $4.5 \mathrm{cm} \times 3.5 \mathrm{cm}$

To: The President of Shiga University of Medical Science,

Name (in alphabet)	Surname			Given name				Middle name		
* Write your n	name exactly as	it appears on y	our p	assport					•	
Date of Birth	(yyyy) (mm) (dd)		(a	Age (as of April 1, 2022)		yrs	Gender	□ Male □ Female		
* Applicants n	nust have been	born on or after	Apri	1 2, 1986	3.					
Nationality								rital atus		gle 🗆 Married
Current Address									I	
Final Educational	Email Name of Institution Major Faculty /							Phone		
Record		Month of		(уууу)	/	(mm	n)		☐ Check	(if to be expected)
	Name of Institution									
Current	Department					Title Positio				
Affiliation	Address									
	Email							Phone		

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1. Academic Record

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

	School name						
Primary	Location						
Education (Elementary School)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
	School name						
Lower Secondary	Location						
Education(Middle School/Junior High School)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
	School name						
Upper Secondary Education	Location						
((Senior) High School)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
	School name						
Tertiary (Higher)	Location						
Education (Undergraduate)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
	School name						
Tertiary (Higher)	Location						
Education (Graduate)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
	School name						
Tertiary (Higher)	Location						
Education (Graduate)	Year & Month of entrance & graduation	From	/ (yyyy / mm)	to	/ (yyyy / mm)	Period of schooling attended	yrs
	Remarks						
Total years of school	oling attended as o	of April 1	, 2022			yrs	
Do you have a med	ical license?				es sue date : ountry :	□No)

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受付釆县	•
大川田 4	•

*	If vou	have experiences	of studving ou	utside of vour h	nome country, fill in	the following columns.

			0
Period		Name of School / Institution	Finance
From	То		☐ Private
/	/		☐ Sponsored
(yyyy / mm)	(yyyy/mm)	(Country:	(by
From	То		☐ Private
/	/		☐ Sponsored
(yyyy / mm)	(yyyy/mm)	(Country:	(by

2. Employment Record

Name and Address of Organization	Period of Employment	Title / Position	Type of Work
	(yyyy / mm) From / To /		
	From / To /yyyy/mm)		
	From / To /		

3. Thesis

Have you ever written a thesis?		Yes		No		
	State the titles of subjects of books and papers (including graduation thesis) authored by applicant, if any, with the name, address of publisher and the date of publication.					

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<u>l. Research I</u>	Program		
Desired Department to Enroll in			
Research Subject			
Please describe	e your study program within the 1000 v	vords limit.	
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pplicant belong	s to)		
Name of Recommender			
Position of Recommender			
Recommendation	1		

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6. Language ability

	Reading			Writing		Sp	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	1	Total Score		Other		Score	
English language qualifications	monni	iB	iBT		IDI MG				C C	
	TOEFL	Other (type)		IELTS		Other	Score		

7. Accompanying Dependents

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

* 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.

Name	Relationship	Age	Nationality

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.

Applicant's	Date of	20	年	月	目
signature	application	year	/	month /	day