

受付番号：

## Application for 2022 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, 2023)	yrs	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Applicants must have been born on or after April 2, 1987.				
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	/	(yyyy) (mm)	<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	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Lower Secondary Education (Middle School/Junior High School)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Upper Secondary Education (Senior High School)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Tertiary (Higher) Education (Undergraduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Tertiary (Higher) Education (Graduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Tertiary (Higher) Education (Graduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
	(yyyy / mm)	(yyyy / mm)	Period of schooling attended		yrs
Remarks					
Total years of schooling attended as of April 1, 2023		yrs			
Do you have a medical license?		<input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span> (Issue date : _____ ) (Country : _____ )			

\* If you have experiences of studying outside of your home country, fill in the following columns.

Period	Name of School / Institution	Finance
From                      To /                                  / (yyyy / mm)                  (yyyy / mm)	(Country:                                  )	<input type="checkbox"/> Private <input type="checkbox"/> Sponsored (by                                  )
From                      To /                                  / (yyyy / mm)                  (yyyy / mm)	(Country:                                  )	<input type="checkbox"/> Private <input type="checkbox"/> Sponsored (by                                  )

## 2. Employment Record

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

## 3. Thesis

Have you ever written a thesis?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

#### 4. Research Program

Desired Department to Enroll in	
Research Subject	

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

**5. Letter of Recommendation (from the authorized representative of the institution the applicant belongs to)**

Name of Recommender	
Position of Recommender	
<b>Recommendation</b>	

### 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 2022 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