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Application for 2023 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.)
$4.5\mathrm{cm}~ imes~3.5\mathrm{cm}$

To: The President of Shiga University of Medical Science,

Name (in alphabet)	Surname			Given n	ame				Middle na	me
* Write your n	name exactly as	it appears on y	our p	assport						
Date of Birth	(yyyy) (mi	m) (dd)	(a	Age as of April 1	, 2024	4)		yrs	Gender	□ Male □ Female
* Applicants n	nust have been	born on or after	Apri	12, 1988						
Nationality								rital atus	□ Sin	gle Married
Current Address										
	Email							Phone		
	Name of Institution									
Final Educational Record	Major Faculty / Department									
		Month of uation		(yyyy)	/	(mn	n)		☐ Check	(if to be expected)
	Name of Institution									
Current Affiliation	Department					Title Positi				
	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	Location						
Education ((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) Education (Graduate)	Location						
	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	1, 2024			yrs	
Do you have a med	ical license?				es sue date : ountry :	□No)

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(by

*	If you have experiences of studying outside of your home country, fill in the following columns.					
	Period		Name of School / Institution	Finance		
	From	То		☐ Private		
	/	/		\square Sponsored		
	(yyyy/mm)	(yyyy/mm)	(Country:	(by		
	From	То		☐ Private		
	/	/		☐ Sponsored		

2.	Emplo	vment.	Record
⊿.	Tampio	ymem	Trecord

(yyyy/mm)

(Country:

(yyyy / mm)

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 any, with the name, address of publisher	papers (including graduation thesis) authored by applicant, if and the date of publication.

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. Kesearch F	rogram
Desired Department to Enroll in	
Research Subject	
Please describe	e your study program within the 1000 words limit.

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pplicant belor	ngs to)	
Name of Recommender		
Position of Recommender		
Recommendat	ion	

5. Letter of Recommendation (from the authorized representative of the institution the

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6. Language ability

o. Danguage an											
	Reading			Writing			Speaking	g	Listening		
Japanese											
English											
Others											
()											
* Self-rate on a scale of 3 to 0.		3	3 = Excellent 2		2 = 0	Good	od 1 = Fair		0 = Poor		
Japanese language qualifications	JLPT	Lev	vel		Total Score			Other		Score	
English language qualifications	TOEFL	iB	вт		IELTS		Other		Score		
	10111	Other	type)		ILLIG			Culci		20010	

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

8. Biwako Career Development Program for International Medical Students

Do you want to participate in "Biwako Career Development		
Program for International Medical Students"?	□ V aa	□ No
*Please confirm the details of this program at the SUMS	\square Yes	□ No
Scholarship Guidelines for 2023.		

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I understand and accept all the conditions stated in the Application Guidelines for Shiga University of Medical Science (SUMS) Scholarship for 2023 and upon confirmation of my qualifications for application as stated above, I hereby apply for this scholarship.

Applicant's	Date of		年	月	日
signature	application	year	1	month /	day