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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 nam	e			Middle na	me
* Write your n	name exactly as	it appears on y	our pa	assport					
Date of Birth	(yyyy) (mi	m) (dd)	(as	Age s of April 1, 20)24)		yrs	Gender	□ Male □ Female
* Applicants n	nust have been	born on or after	r April	l 2, 1988.					
Nationality							arital atus	☐ Sing	gle 🗆 Married
Current Address								Ι	
	Email						Phone		
	Name of Institution								
Final Educational Record	Major Faculty / Department								
		Month of uation	((yyyy)	(1	mm)		☐ Check	(if to be expected)
	Name of Institution								
Current	Department					tle / sition			
Affiliation	Address								
	Email						Phone		

Receipt Number	:
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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)	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	1, 2024			yrs	
Do you have a med	ical license?				es sue date : ountry :	□No)

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Thesis Employment	rom To	you have experiences of stu				
/ / / Sponsored (yyyy/mm) (yyyy/mm) (Country:) Private Sponsored / / (by Employment Record Name and Address of Organization Period of Employment Title / Position Type of Work From / To / / (yyyy/mm) From / To / (yyyy/mm) From / To / Thesis			Name of School / Inst	titution		
(yyyy/mm) (yyyy/mm) (Country:) (by From To □ Private □ Sponsored (yyyy/mm) (yyyy/mm) (Country:) (by Employment Record Name and Address of Organization Period of Employment From / To / Title / Position Type of World Wo	Country: (by From To Private Sponsored Sponsored	rom To			☐ Private	
From To / / / // (yyyy/mm) (yyyy/mm) (Country:) Sponsored	Thesis To / / / (yyyy/mm) (yyyy/mm) (Country:) Private Sponsored (by)	1				
Country: Sponsored	Country: Sponsored Country:	(yyyy/mm) (yyyy/mm)	(Country:)		
Country: (by Employment Record Period of Employment Title / Position Type of Work	Country: (by Coun	rom To				
Employment Record Name and Address of Organization Period of Employment (yyyy / mm) From / To / To / (yyyy / mm) From / To / To / Thesis	Employment Record Name and Address of Organization Period of Employment Title / Position Type of Work From / To / To / Thesis ave you ever written a thesis? Yes No Notate the titles or subjects of books and papers (including graduation thesis) authored by applicant				_	
Name and Address of Organization Period of Employment Title / Position Type of Work Type of Work	Name and Address of Organization Period of Employment Title / Position Type of Work From / To /	(yyyy/mm) (yyyy/mm)	(Country:)	(by	
Organization Employment Title / Position Type of Work	Organization Employment Title / Position Type of Work From	Employment Record				
From	From / To /			Title / Position	on Type of Wo	rk
From	From / To /		From /			
Thesis	Thesis ave you ever written a thesis? □ Yes □ No tate the titles or subjects of books and papers (including graduation thesis) authored by applicant		From /			
	ave you ever written a thesis? — Yes — No tate the titles or subjects of books and papers (including graduation thesis) authored by applicant		From /			
			is?	□ Yes	□ No	
tate the titles or subjects of books and papers (including graduation thesis) authored by applicance, with the name, address of publisher and the date of publication.		-			chesis) authored by appl	icant

Receipt	Number	:
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. Researc n P	rogram
Desired Department to Enroll in	
Research Subject	
Please describe	e your study program within the 1000 words limit.

Receipt Number	•:
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Letter of Re oplicant belon	ecommendation gs to)	n (from the a	uthorized re	presentative	of the institu	ation t
Name of Recommender						
Position of Recommender						
Recommendation	on					

Receipt Number	:
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6. Language ability

- Harry dage an				1							
	Reading			Writing			Speaking			Listening	
Japanese											
English											
Others											
()											
* Self-rate on a scale of 3 to 0.			3 = Excellent			2 = (Good	ood 1 = Fair		0 = Poor	
Japanese language qualifications	JLPT	Level			Total Score			Other		Score	
English language qualifications	MODEL	iBT			IDI MO		0.1		- C		
	TOEFL	Other	type)	IELTS				Other		Score	

7. Accompanying Dependents

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

\star 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.		

Receipt Number	• •
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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