

**Biwako Career Development Program for International Medical Students  
Application Form**

Name	
Enrollment	- Doctoral Program, Graduate School of Medicine - Master's Program, Graduate School of Nursing (Circle either one)
Course	Doctoral Program: <input type="checkbox"/> Advanced Medical Science Course <input type="checkbox"/> Advanced Medicine for Clinicians Course <input type="checkbox"/> Interdisciplinary Medical Science and Innovation Course <input type="checkbox"/> NCD Epidemiology Leader's Course  Master's Program: <input type="checkbox"/> Nursing
Year	Year
Affiliation	Department
Financial situation	- Government-sponsored - Privately-financed (Circle either one)

I hereby apply for the "Biwako Career Development Program for International Medical Students" as stated above.

Date:

\_\_\_\_\_  
Signature

**Biwako Career Development Program for International Medical Students  
Statement of Purpose**

Name	
Enrollment	Doctoral Program / Master's Program
Year	Year
1. Reasons to apply for this program	
2. Things you want to learn/acquire in this program	
3. Plans after completing graduate school	

**Biwako Career Development Program for International Medical Students**

**Letter of Consent**

Student's Name	
Enrollment	Doctoral Program / Master's Program
Year	Year

I hereby give my consent for the above-mentioned student to enroll in the "Biwako Career Development Program for International Students."

Date: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Position : \_\_\_\_\_

Name : \_\_\_\_\_