|  |  |
| --- | --- |
| ※受験番号  \*Examinee's number |  |

|  |  |
| --- | --- |
| 社会人入学希望 |  |

←If applying for adult admission, mark a circle in the box.

←社会人入学を希望される方は〇印を記入してください。

FormⅠ　Oct. 2025

　 Application for Admission to Graduate School of Medicine, Shiga University of Medical Science

SUMS-UKM International Joint Ph.D. Program in Ageing Science (Doctoral Program)

**滋賀医科大学大学院　医学系研究科滋賀医科大学・マレーシア国民大学国際連携**

**エイジングサイエンス専攻　博士課程　志願票**

**This application form must be written in English. 本志願書は、英語で記入してください。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name 氏名 | | | | | | | | | | Affix photo  taken within  the last three months. Photo must include head and upper torso  (approx. 40 mm × 30 mm) | | | |
| Alphabet アルファベット：  (Family Name) 姓 　　　　(First Name)　名 　　(Middle Name) | | | | | | | | | |
| 自国語　Native language ：  (Family Name) 姓 (First Name)　名 (Middle Name) | | | | | | | | | |
| 2. Date of Birth　生年月日 | | | | | | 3. Age (As of Sept.30,2025)年齢 | | | |
| (Year [年]) / (Month[月]) /(Day [日]) | | | | | |  | | | |
| 4. Nationality　国籍 | | | | | | 5. Gender　　性別 | | | |  | | | |
|  | | | | | | Male Female | | | |  | | | |
| 6. Preferred Division 志望講座等  Refer to pages 15-19 of the student application guideline.　募集要項ｐ15～19を参照すること。 | | | | | | | | | | | | | |
| Preferred Supervisor  指導希望教員 | Name  氏名 |  | | | | | | Prior consultation  　事前相談 | | | |  | (Note2)  (注2) |
| Department/Center  講座名等 | | |  | | | Division/Unit  分野等 | |  | | | | |
| 7. Current Position　現在の所属 (If employed, employer’s name and address) | | | | | | | | | | | | | |
| Name and Address  名称　住所 | | |  | | | | | | | | | | |
| Division  所属部門 | | |  | | | | | | | | | | |
| Position  職位 | | |  | | | | | | | | | | |
| E-mail | | |  | | | | Phone/Fax |  | | | | | |
| 8. Academic Background　取得学位 | | | | | | | | | | | | | |
| Undergraduate 学部 | | | | | | | | | | | | | |
| University  大学 | | |  | | | | | Country  国 | | |  | | |
| Department / Division  学部・学科 | | |  | | | | | Degree &  Grant Year | | |  | | |
| Graduate Program 大学院 | | | | | | | | | | | | | |
| University  大学院 | | |  | | | | | Country  国 | | |  | | |
| Course  コース | | |  | | | | | Degree &  Grant Year | | |  | | |
| Use this space for additional information.  他にもある場合は、ここに記入してください。 | | | | |  | | | | | | | | |
| 9. Address and Phone Number 住所 電話番号 | | | | | | | | | | | | | |
| Current home address  現住所 | | | 〒    TEL Mobile phone | | | | | | | | | | |
| Address to receive a letter of acceptance  合格通知を受ける場所 | | | 〒    TEL Mobile phone | | | | | | | | | | |
| 10. Emergency Contact in Home Country　緊急連絡先 | | | | | | | | | | | | | |
| Name  　氏名 | | |  | | | | | Relationship　関係 | | |  | | |
| Mailing Address  住所 | | |  | | | | | | | | | | |
| E-mail | | |  | | | | Phone/Fax |  | | | | | |
| 11. SUMS-UKM International Joint Ph.D. Program in Ageing Science Scholarship  　滋賀医科大学・マレーシア国民大学国際連携エイジングサイエンス専攻奨学金 | | | | | | | | | | | | | |
| Apply 　Do not apply | | | | | | | | | | | | | |

(注) １. ※印の欄は記入しないでください。

２. 指導希望教員と必ず、出願前(出願資格審査を受ける者は申請前)に事前相談をしてください。

相談後、口に☒印を記入してください。

Note:

1. Do not write anything in the box with \*.
2. Prior consultation with a preferred supervisor choice is required before the submission of your application (for those who undergo the screening of eligibility, before application for the screening of eligibility). Tick a box after the consultation is conducted.