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| APPLICATION FORMPreventive Medicine Program 2019*Kanazawa University* |
| \* Use this sheet as a coversheet. |
|  |  |
|  |  | Name of Applicant | the same spelling of your name as mentioned on your passport |  |  |
|  |  | Applicant's Home Institution | 　 |  |  |
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|  | \*This application form should be thoroughly filled out and sent to the Graduate Student Affairs Section (Med.) at Kanazawa University by **April 5, 2019**, together with all of the following documents through the office of international student exchange at the applicant's home institution. |
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|  | 　 |  Tick | 　 |
|  | 　 | 1. Application for Special Auditor (Both of PDF format and original copy\*)
2. An un/official transcript from your home institution (PDF format)
 | □□ |  | 　 |
|  | 　 | 1. Your ID Photo (3cm×4cm) in JPEG
 | □ |  | 　 |
|  | 　 | 4. A photocopy of the ID page of your passport (PDF format) | □ |  | 　 |
|  |  | 5. A recommendation letter (Both of PDF format and original copy\*) | □ |  |  |
|  | 　 | 6. (if available) Copy of your official score report of TOEFL (iBT), Cambridge English (ESOL), TOEIC (L&R), or IELTS. | □ |  | 　 |
|  | **Deadline: April 5　(Fri.), 2019** |
|  |  \*The original copy of the “Application for Special Auditor” and the recommendation letter can be sent later.For Contact and Inquires: 　　　　　Natsumi KOSHIKAWA (Ms.)  　　　　　Graduate Student Affairs Section (Med.)　 　　　　 Kanazawa University Address: 13-1 Takara-machi, Kanazawa, Ishikawa 920-8640 JAPAN 　　　　　 E-mail: t-daigakuin@adm.kanazawa-u.ac.jp   |

Application for Special Auditor

（特別聴講学生申請書）

Date: YYYY / MM / DD

Graduate School of Medical Sciences, Kanazawa University

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| New/Renew |  |
| Home Institution |  |
| Status | Graduate School of (Doctoral Ph.D. Course)Research Field: ; Entrance date: YYYY / MM / DD  |
| Name(Also, Signature Required) | Signature | Date of BirthSex | YYYY / MM / DDMale / Female |
| Block Letters |
| Current Information | Postal Code: Address: TEL: E-mail: |
| Title of Research |  |
| Accepting Institution | Division of Medicine (Doctoral Course)Graduate School of Medical Sciences, Kanazawa University |
| Accepting academic supervisor at KU | Research Field: | Professor / Assoc. Prof. | Name: |
| Study Period at KU | From: 2019 / 06 / 03To: 2019 / 06 / 14 |
| Motives for Application |  |
| Advisor at Home Institution | Affiliation: | Prof. /Assoc. Prof. | Name: |
| Subject to take | プレゼンテーション方法論 Presentation (2 credits) |

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| Educational Background | Name and Address of School | Year and Month ofEntrance andCompletion | Period of 　　SchoolingYou haveAttended | Diploma or Degree AwardedMajor Subject |
| Elementary Education | Name　Address | From　　To | 　Yrs |  |
| Lower Secondary Education | Name　Address | From　　To | Yrs |  |
| Upper Secondary Education | Name　Address | From　　To | Yrs |  |
| Higher EducationUndergraduate Level | Name　Address | From　　To | Yrs |  |
| Higher EducationPost Graduate Level | Name　Address | From　　To | Yrs |  |
| Preferred Laboratory | Please choose up to 3 laboratories you would like to study in at Kanazawa University from the Research Fields List. Please note that we may not be able to arrange exactly as you requested. 1. 2. 3.  |