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| APPLICATION FORM  Preventive 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 |  | | |  | |  | |
|  | | | | | | | | | |
|  | \*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. | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | 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 Birth  Sex | | YYYY / MM / DD  Male / 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 / 03  To: 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 of  Entrance and  Completion | Period of 　　Schooling  You have  Attended | Diploma or Degree Awarded  Major 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 Education  Undergraduate Level | Name    Address | From  To | Yrs |  |
| Higher Education  Post 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. | | | |