

Entry Example

Application Form

Master's Program
August
General Admission Working Individuals

For the "Application Method" and "Status at the Time of Application," circle 1 or 2 that applies.

If you are granted Monbukagakusho scholarship, circle "1." If not, circle "2."

Fill in or circle the following items. The fields marked with ※ should be left blank.

Examinee Number ※ This field should be left blank.

Application Method①	General Admission 1	Working Individuals 2	Transfer Admission 3	Application Method②	Cooperative Graduate 1	Research Institute Code ※	Entrance in Fall 4
Status at the Time of Application	Student 1	Worker (except part-time) 2	Research Student/ Others 3	Foreign Student Status at the Time of Application	Government Sponsored 1	Privately Funded 2	Legal Domicile

Name	TSUKUBA Taro		Sex	Date of Birth (Gregorian calendar)/ Age							
	M	F	1	2	0000	Y	0	M	0	D	0

Present Address	000 Apartment B-305, 5-3 Amakubo, Tsukuba-city, Ibaraki-ken 305-0035											
	[Phone 000(000)0000]						[Cell Phone 000(0000) 0000]					
	[E-mail address : 0000@0000]											

Reference (Inside Japan)	Name	0 0 0 0						Relation-ship	Father		
	Address	0-0-0 Shimotakatsu, Tsuchiura-shi, Ibaraki-ken 305-0035									

Graduate School Name/ Code	Program Name/ Code	Research Field (Supervisor)		
Graduate School of Comprehensive Human Sciences 7N	Master's Program in Medical Sciences 1	1st Choice	Neurobiology (SHIGA Takashi)	
		2nd Choice	Diagnostic Pathology (NOGUCHI Masayuki)	
Language Used in the Exam	1. Japanese 2. English		3rd Choice	Immunology (SHIBUYA Akira)
Program	1. Medical Science 2. Public Health Science 3. Human Care Science 4. Medical Physics 5. Critical Path Research 6. To be determined			

Exam Subjects	Written Examination		Oral Examination	
	General Admission: English/ English and Advanced Subjects English/ English and advanced subjects relating to medical science and other fields		Individual Interview	
	Working Individuals: Essay and English Practical exercises and English relating to medical science and other fields		General knowledge relating to medical science and other fields and motivation for applying	

Eligibility	National	1	University	University of 00	※	Expect to Graduate	Graduated	Other	Year and Month of (Expected) Graduation										
	Public	2			School/ Faculty				Faculty of 00	1	2	5	Year	Month					
	Private	3											College/ Department	Department of 00	3	4	5	0000	3
	Foreign	4			Program				※	Masters degree acquire	Expected to acquire Masters degree	Acquire Masters degree						Year and Month of (Expected) Completion	
	Other	5																Graduate School	3
	National	1	Graduate School	3		4	5	0000					3						
	Public	2						University (Graduate School)					3	4	5	Year	Month		
	Private	3	Program	3	4	5	0000		3										
	Foreign	4					Program	3	4	5	Year	Month							
	Other	5	Program	3	4	5					0000	3							

If you have completed (or are attending) a graduate school, write the name in the "Curriculum Vitae."
Note: Foreign students must acquire the residence status of "Student" before the enrollment procedure.

Applicable Eligibility ※

<Attachment>

Attach the "Receipt of examination fee" or "Certificate of postal transfer payment" here using glue.

Required

(外国人出願者用)
(for foreign applicants)

履 歴 書
Curriculum Vitae

Entry Example

氏 名	フリガナ	〇〇〇〇 〇〇〇〇	性 (M) ・ 女 (F) Sex	生 年 月 日 Date of Birth	19〇〇年〇月〇日	年 齢 Age	〇	国 籍 Nationality	〇〇〇	在留資格 Resident Status	College Student
	ローマ字	〇〇〇〇 〇〇〇〇									
学 校 教 育 Education	学 校 名 ・ 所 在 地 Name and Address of School		正 規 の 修 学 年 数 Officially Required Number of Years of Schooling	入 学 及 び 卒 業 年 月 Year and Month of Entrance and Completion	修 業 年 数 Period of Schooling	専 攻 科 目 Major Subject if any		学 位 ・ 資 格 Diploma or Degree Awarded			
初 等 教 育 Elementary Education 小 学 校 Elementary School	学校名 〇〇〇〇 elementary school 所在地 Bangkok / Thailand		6 yrs	入学 〇〇〇〇 .4 from } 卒業 〇〇〇〇 .3 to	6 yrs						
中 等 教 育 Secondary Education 中 学 及 び 高 校 Secondary School	中学 Lower	学校名 〇〇〇〇 lower secondary school 所在地 〇〇〇〇〇〇〇〇〇〇〇〇	3 yrs	入学 〇〇〇〇 .4 from } 卒業 〇〇〇〇 .3 to	3 yrs						
	高校 Upper	学校名 〇〇〇 Upper secondary school 所在地 〇〇〇〇〇〇〇〇〇〇〇〇	3 yrs	入学 〇〇〇〇 .4 from } 卒業 〇〇〇〇 .3 to	3 yrs						
高 等 教 育 Higher Education 大 学 Undergraduate Level	学校名 〇〇〇 University of 〇〇〇 所在地 〇〇〇〇〇〇〇〇〇〇〇〇		4 yrs	入学 〇〇〇〇 .4 from } 卒業 〇〇〇〇 .3 to	4 yrs			Bachelor of 〇〇〇			
高 等 教 育 Higher Education 大 学 院 Graduate Level	学校名 _____ 所在地 _____		年 yrs	入学 from } 卒業 to	年 yrs						
以上を通算した全学校教育就学年数 Total Number of Years of Schooling as given Above			16 yrs	TOTAL	16 yrs						
休学等、在籍中に修学を中断した期間 (理由) Periods of interruption of studies, if any from _____ 年 yr., _____ 月 mon. ~ to _____ 年 yr., _____ 月 mon. ()											

研 究 歴 Research Activities (研究生の 経歴を含 む。)	研 究 機 関 名 Name of Research Institution	所 在 地 Address	身 分 Status	研 究 期 間 Duration of Research	年 数 yrs
	University of Tsukuba	1-1-1 Tennodai, Tsukuba, Ibaraki, 305-8577 Japan	Research student	〇〇〇〇 .4 ~ 〇〇〇〇 .3	1
				~	
				~	

※
This field should be left blank.
研 究 歴

記入は、日本語又はローマ字体を用いてください。 Please type or print in Japanese or English

Entry Example

Examinee Number

※ This field should be left blank.

Employment Record

(University of Tsukuba Graduate School)

Name (Date of Birth)	TSUKUBA Taro (Y ○○○○ M ○ D ○)	Graduate School Program Course/ Field	Graduate School of Comprehensive Human Sciences Program: Master's Program in Medical Sciences Course/ Field:
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If you have any employment history, describe all of your previous and current jobs including job titles, responsibilities, and research content.
If you need more space to write, make a photocopy of this form.

Employment Period	Year ○○○○ Month 4 – Year ○○○○ Month 10
Company/Organization	○○○○ Corporation Full-time Part-time
Job Title/ Responsibilities/ Research Content	
<p>○○○ Second Engineering Division Staff Responsible for ○○○ area and management of ○○○ Conduct tests of ○○○ and research, statistics, and analysis of ○○○</p>	
Employment Period	Year ○○○○ Month 11 – Year ○○○○ Month 3
Company/Organization	○○○ Center, ○○○○ Research Institute Full-time Part-time
Job Title/ Responsibilities/ Research Content	
<p>Assist research of ○○○○ in measuring ○○○ and analyzing ○○○</p>	
Employment Period	Year Month – Year Month
Company/Organization	Full-time Part-time
Job Title/ Responsibilities/ Research Content	

Entry Example

(August 2018)

University of Tsukuba
Graduate School
Reference Card

Examinee Number	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	Neurobiology	Field
Exam Type	1. General Admission ② Working Individuals	
Language Used in the Exam	① Japanese 2. English	
Exam Subjects		
Written		Oral
General Admission: English/ English and Advanced Subjects Working Individuals: Essay and English		Individual Interview
Photo (4 x 3cm) Headshot with no hats, taken within the last three months (Attach identical photographs.)		

Cut here

(August 2018)

Photo Card

Examinee Number	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	Neurobiology	Field
Exam Type	1. General Admission ② Working Individuals	
Language Used in the Exam	① Japanese 2. English	
Exam Subjects		
Written		Oral
General Admission: English/ English and Advanced Subjects Working Individuals: Essay and English		Individual Interview
Photo (4 x 3cm) Headshot with no hats, taken within the last three months (Attach identical photographs.)		

Cut here

(August 2018)

Desktop Reference Card

Examinee Number	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	Neurobiology	Field
Exam Type	1. General Admission ② Working Individuals	

Cut here

<Guidelines for the Completion>

- Attach photographs and fill in your name, program, and field.
- For the "Exam Type," circle 1 or 2 that applies.
- For the "Language Used in the Exam," circle 1 if you wish to take an interview and receive examination questions and answers in Japanese. Circle 2 if you wish to take an examination in English.
- Cut out along the lines.

Acceptance Card

Date of Birth (Gregorian calendar)	0000	Y	Sex	① M	.	F
	○	M		○	D	
Name	TSUKUBA Taro					
Examinee Number	※ This field should be left blank.					

研究歴証明書

Certificate of Research Activities

国籍 (Nationality) : ○○○○

氏名 (Name) : ○○○○

生年月日 (Date of Birth) : (Day) (Month) (Year)

上記の者は、下記のとおり研究歴を有することを証明する。

This is to certify that the above person engaged in the research activities as follows.

記

在籍した機関、部局名及び身分 (Status and Institution Attended)	
研究期間 (Duration of Research)	年 月 日から 年 月 日まで (年 か月間) From : _____ to : _____ = _____ (Day) (Month) (Year) (Day) (Month) (Year) (Years) (Months)
研究題目及び研究内容 (Title and Outline of Research)	<p>Foreign applicants who have completed a university education in a country which has a less than 16 years of school education curriculum up to the level of university graduation, and have or will have conducted research for a sufficient period of time (generally one year or more) as a research student or researcher at a university, inter-university research institute, or other similar research institutes inside or outside Japan, and also will be 22 years of age or older must submit this certificate authorized by the director of their institute. Foreign students who have enrolled in the University of Tsukuba Graduate School as a research student may submit a Certificate of Enrollment (for scholarship application) designated by the University as a substitute for this certificate.</p>
指導教員 職・氏名 (Name and Position of Academic Advisor)	

年月日 (Date) : _____

署名
(Signature) : _____

氏名
(Name) : _____

職名 (注)
(Title*) : _____ 印

機関名
(Institution) : _____

所在地
(Address of Institution) : _____

(注) 証明者は、機関の長等 (例えば、学長又は学部長等) とします。

(*The title of the certifier should be equivalent to representative of organization such as President, Dean, Director, etc)

宛名シート①

Address Sheet #1

- 欄は記入しないでください。
The fields marked with ※ should be left blank.
- このシートは「合格通知書」及び「入学手続書類」を送付する場合のあて名として使用しますので、郵便を受け取ることができる住所・氏名を楷書でていねいに記入してください。
The address sheets will be used to send out acceptance letters and enrollment documents to the successful applicants. Enter the mailing address and name clearly in block letters.
- 志願者以外の住所・氏名を記入する場合は、 に志願者の氏名を記入してください。
If you enter the address and name of a person other than yourself (the applicant), enter your name in the box .

志 望 Program	修 士 課 程 Master's Programs
	人間総合科学研究科 Graduate School of Comprehensive Human Sciences
	フロンティア医科学専攻 Master's Program in Medical Sciences
氏 名 Name	筑波太郎 TSUKUBA Taro
受 験 番 号 Examinee Number	※この欄は記入不要です。 This field should be left blank.

住所、氏名を記入する

Write the mailing address and name here.

殿

※この欄は記入不要です。
This field should be left blank.

住所、氏名を記入する

Write the mailing address and name here.

殿

※この欄は記入不要です。
This field should be left blank.

(8月期・一般/社会人)

※	国	費	私	費
	有	職	者	連携大学院

※	郵	外
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受 験 番 号
※

University of Tsukuba Graduate Admissions 2018 List of Documents to be Submitted

Graduate School	Graduate School of Comprehensive Human Sciences	Program	Master's Program in Medical Sciences	Name	TSUKUBA Taro
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Note: Make sure to mark "○" in the "Check" columns for documents to be submitted. Your application may not be accepted unless all the required documents are submitted.

Documents	Check	Required for	Remarks
[University of Tsukuba designated forms]			
Application Form	<input type="radio"/>	All applicants	
Curriculum Vitae for Foreign Applicants	<input type="radio"/>	All foreign applicants	
Employment Record	<input type="radio"/>	All applicants who have employment history	
Reference Card/ Photo Card/ Desktop Reference Card/ Acceptance Card	<input type="radio"/>	All applicants	These fields should be left blank.
Certificate of Research Activities		Foreign applicants who are required	
Address Sheet #1	<input type="radio"/>	All applicants	To be used to send out acceptance letters and other documents from the University of Tsukuba
List of Documents to be Submitted	<input type="radio"/>	All applicants	
Address Sheet #2	<input type="radio"/>	All applicants	To be used to submit the application documents
Examination Fee ("Certificate of postal transfer payment" or "Receipt of examination fee" of 30,000 yen)	<input type="radio"/>	All applicants (Except Government-sponsored foreign students)	Attach to the specified column of the Application Form.
[Certificates and other documents to be prepared by applicants]			
(Expected) Graduation Certificate	<input type="radio"/>	All applicants	
Degree Certificate	<input type="radio"/>	1. Applicants who graduated from a foreign university 2. Applicants who obtain a qualification for application from the National Institution for Academic Degrees and University Evaluation	
Academic Transcript	<input type="radio"/>	All applicants	
Essay (Format of your choice)		All applicants for General Admission	A4 size, within 800 Japanese characters or in 400 English words
Research Plan (Format of your choice)	<input type="radio"/>	All applicants for Working Individual	A4 size, within 800 Japanese characters or in 400 English words
Letter of Approval for Taking the Entrance Examination (Format of your choice)		Applicants who currently attend a university or graduate school Applicants who currently work for a government agency, school, or company	Except those who will graduate or complete in March 2018 Except part-time workers A4 size
Certificate of Government-Sponsored Foreign Student		Foreign applicants who are required	
Reply Envelope (with a 362 yen postage stamp attached)	<input type="radio"/>	All applicants	To be used to send out reference cards from the University of Tsukuba

受付月日	※	月	日	受付者	※	点検者	※
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The fields marked with ※ should be left blank.

速 達

3 0 5 - 8 5 7 7

郵便局で
書留速達
便にす
ること

Entry Example

書留速達（出願書類在中）

教育推進課
御中

筑波大学教育推進部

茨城県つくば市天王台一―一―一

Japan

Graduate School	Master's Programs in Graduate School of Comprehensive Human Sciences Program: Master's Program in Medical Sciences Course/ Field:
Name	TSUKUBA Taro
Address	○○○ Apartment B-305, 5-3 Amakubo, Tsukuba-city, Ibaraki-ken ○○○-○○○

Note 1: Fill in the same information as on the Application Form.

Note 2: Attach this Address Sheet to a K2 size envelope and submit by mail or by hand.