

Application Form

Master's Program

August

General Admission
Working Individuals

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

Examinee Number	※
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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			Sex		Date of Birth (Gregorian calendar)/ Age			
	M	F	Y	M	D	Age		
	1	2						

Present Address	[Phone ()] [Cell Phone ()]	
	[E-mail address :]	

Reference (Inside Japan)	Name		Relation-ship	
	Address	[Phone ()]		

Graduate School Name/ Code	Program Name/ Code	Research Field (Supervisor)	
Graduate School of Comprehensive Human Sciences	7N Master's Program in Medical Sciences	1st Choice	
		2nd Choice	
Language Used in the Exam	1. Japanese 2. English	3rd Choice	
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
	<u>General Admission: English/ English and Advanced Subjects</u> English/ English and advanced subjects relating to medical science and other fields		<u>Individual Interview</u> General knowledge relating to medical science and other fields and motivation for applying
	<u>Working Individuals: Essay and English</u> Practical exercises and English relating to medical science and other fields		

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

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	※
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<Attachment>

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

(外国人出願者用)
(for foreign applicants)

履 歴 書

Curriculum Vitae

氏名	フリガナ ローマ字	Family name First Name Middle Name	男(M) ・ 女(F) Sex	生年月日 Date of Birth	19 年 月 日	年齢 Age	国籍 Nationality	在留資格 Resident Status
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 Name 所在地 Location		年 yrs	入学 from 卒業 to	年 yrs	/	/	
中等教育 Secondary Education 中学及び高校 Secondary School	中学 Lower	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to	年 yrs	/	/	
	高校 Upper	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to	年 yrs	/	/	
高等教育 Higher Education 大学 Undergraduate Level	学校名 Name 所在地 Location		年 yrs	入学 from 卒業 to	年 yrs	/	/	
高等教育 Higher Education 大学院 Graduate Level	学校名 Name 所在地 Location		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			年 yrs	TOTAL	年 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	
				~		
					~	
					~	

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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

Examinee Number
※

Employment Record

(University of Tsukuba Graduate School)

Name (Date of Birth)	(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	–	Year	Month	
Company/ Organization						Full-time Part-time
Job Title/ Responsibilities/ Research Content						
Employment Period	Year	Month	–	Year	Month	
Company/ Organization						Full-time Part-time
Job Title/ Responsibilities/ Research Content						
Employment Period	Year	Month	–	Year	Month	
Company/ Organization						Full-time Part-time
Job Title/ Responsibilities/ Research Content						

(August 2018)
University of Tsukuba
Graduate School
Reference Card

Examinee Number	※	
Name		
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	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	※	
Name		
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	Field	
Exam Type	1. General Admission 2. Working Individuals	
Language Used in the Exam	1. Japanese 2. English	
Exam Subjects		
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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	※	
Name		
Program	Master's Programs	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Medical Sciences	Program
	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)	Sex	M	.	F
		Y	M	D
Name				
Examinee Number				
※				

受 験 番 号
※

研 究 歴 証 明 書

Certificate of Research Activities

国 籍 (Nationality) : _____

氏 名 (Name) : _____

生年月日 (Date of Birth) : _____

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)	
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	
受 験 番 号 Examinee Number	※

(※) 殿

(※) 殿

(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	
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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		All applicants					
Curriculum Vitae for Foreign Applicants		All foreign applicants					
Employment Record		All applicants who have employment history					
Reference Card/ Photo Card/ Desktop Reference Card/ Acceptance Card		All applicants					
Certificate of Research Activities		Foreign applicants who are required					
Address Sheet #1		All applicants	To be used to send out acceptance letters and other documents from the University of Tsukuba				
List of Documents to be Submitted		All applicants					
Address Sheet #2		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)		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		All applicants					
Degree Certificate		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		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)		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)		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	※

The fields marked with ※ should be left blank.

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郵便局で
書留速達
便にす
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Japan

茨城県つくば市天王台一―一―一

筑波大学教育推進部

教育推進課
御中

書留速達（出願書類在中）

Graduate School	Master's Programs in Graduate School of Comprehensive Human Sciences Program: Master's Program in Medical Sciences Course/ Field:
Name	
Address	

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.