

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 | ※ |
|-----------------|---|

| | | | | | | | | | |
|-----------------------------------|---------------------|-----------------------------|----------------------------|---|------------------------|---------------------------|-------------|--------------------|---|
| Application Method① | General Admission 1 | Working Individuals 2 | Transfer Admission 3 | Application Method② | Cooperative Graduate 1 | Research Institute Code ※ | | Enrollment 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 | Nationality | | |

| | | | | | | |
|------|-----|---|---|---|---|-----|
| Name | Sex | | Date of Birth (Gregorian calendar)/ Age | | | |
| | M | F | Y | M | D | Age |
| | 1 | 2 | | | | |

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

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|--------------------------|---------|--------------|--|--|--|---------------|
| 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 1 | 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>Working Individuals: Essay and English</u> Practical exercises and English relating to medical science and other fields | | <u>Individual Interview</u> General knowledge relating to medical science and other fields and motivation for applying |

| | | | | | | | | |
|-------------|------------|------------------------------|---|-------------------------------------|-------------------------|-------|---|-------|
| Eligibility | National 1 | University | ※ | Expect to Graduate | Graduated | Other | Year and Month of (Expected) Graduation | |
| | Public 2 | | | | | | Year (Gregorian calendar) | Month |
| | Private 3 | School/ Faculty | | 1 | 2 | 5 | | |
| | Foreign 4 | College/ Department | | | | | | |
| | 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 (Gregorian calendar) | Month |
| | Private 3 | Graduate School | | 3 | 4 | 5 | | |
| | Foreign 4 | Program | | | | | | |
| | 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 | ※ |
|------------------------|---|

<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 Enrollment 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 Middle School | 学校名 Name 所在地 Location | 年 yrs | 入学 from 卒業 to | 年 yrs | / | / | |
| | 高校 High School | 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: |
|-------------------------|-----------------------------|--|--|

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 2019)

University of Tsukuba
Graduate School
Examination 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 2019)

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 | |
| 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 2019)

Desktop
Examination 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

| | | | |
|---------------------------------------|-----------------|---|---|
| Sex | M | . | F |
| Date of Birth (Gregorian calendar) | 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 (Research Title and Content) | |
| 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. Write 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 |
|---|---|---|

| |
|---------|
| 受 験 番 号 |
| ※ |

University of Tsukuba Graduate Admissions 2019 List of Documents to be Submitted

| | | | | | |
|-----------------|---|---------|--------------------------------------|------|--|
| Graduate School | Graduate School of Comprehensive Human Sciences | Program | Master's Program in Medical Sciences | Name | |
|-----------------|---|---------|--------------------------------------|------|--|

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 | |
| Examination Card/ Photo Card/ Desktop Examination 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 (Free Format) | | All applicants for General Admission | A4 size, within 800 Japanese characters or in 400 English words |
| Research Plan (Free Format) | | All applicants for Working Individual | A4 size, within 800 Japanese characters or in 400 English words |
| Letter of Approval for Taking the Entrance Examination (Free Format) | | 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 2019 Except part-time workers A4 size |
| Certificate of Government-Sponsored Foreign Student | | Foreign applicants who are required | |
| 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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書留速達
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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 | |
| 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.