

Entry Example

Application Form

Doctoral Programs (four-year)
August
General Admission Working Individuals

For the "Application Method" and "Status at the Time of Application," circle the number that applies.

See the List of Research Supervisor Groups for details on the Cooperative Graduate School System.

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	※	These fields should be left blank.
-----------------	---	------------------------------------

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

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

Reference (Inside Japan)	Name	○○○○	Relation-ship	Father
	Address	O-O-O Shimotakatsu, Tsuchiura-shi, Ibaraki-ken 305-0035 [Phone ○○○(○○)○○○]		

Graduate School Name/ Code	Program Name/ Code	Research Field/ Supervisor	Fill in the fields enclosed by heavy lines.
Graduate School of Comprehensive Human Sciences	8才 Doctoral Programs in Biomedical Sciences	Experimental Pathology (KATO Mitsuyasu) Sub-Supervisor (Fill in, in case you are applicant of Cooperative Graduate School System or wrote specific supervisor above)	
Language Used in the Exam		1. Japanese 2. English	Choose a language to use in the exam and circle it.

Exam Subjects	Written Examination	Oral Examination
	Foreign Language English	Individual Interview Applicants will be questioned about their research conducted during the master's program and related general knowledge. Applicants who completed a course in medicine or dentistry, or a 6-year course in veterinary medicine will be interviewed about their specialized field.

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

Note: Foreign students must acquire the residence status of "Student" before the enrollment procedure.

Applicable Eligibility	※
------------------------	---

Required	<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

Entry Example

氏 名	フリガナ	○○○○ ○○○○			生 年 月 日 Date of Birth	19○○年○月○日	年 齢 Age	○○	国 籍 Nationality	○○○	在留資格 Resident Status	College Student
	ローマ字	Family name First Name Middle Name	性 別 Sex	男 (M) 女 (F)								
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	○○○○ elementary school	6	入学 0000.4 from 卒業 0000.3 To	6							
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	3	入学 0000.4 from 卒業 0000.3 To	3							
	高校 High School	学校名 Name 所在地 Location	3	入学 0000.4 from 卒業 0000.3 To	3							
高 等 教 育 Higher Education 大 学 Undergraduate Level	学校名 Name 所在地 Location	○○○ University of ○○○ ○○○○○○○○○○○○○	4	入学 0000.4 from 卒業 0000.3 To	6	○○○○○		○○○				
高 等 教 育 Higher Education 大 学 院 Graduate Level	学校名 Name 所在地 Location	○○○ University of ○○○ ○○○○○○○○○○○○○	2	入学 0000.4 from 卒業 0000.3 to	2	○○○○○		○○○				
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			18	TOTAL	20							
休学等、在籍中に修学を中断した期間 (理由) from 年 yr., 月 mon. ~ to 年 yr., 月 mon. ()			Periods of interruption of studies, if any									

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	0000.4 ~ 0000.3	1
				~	
				~	

※
This field should be left blank.
※

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: Doctoral Programs in Biomedical Sciences Course/ Field: Experimental Pathology
-------------------------	--	--	---

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

Entry Example

(August 2019)
University of Tsukuba
Graduate School
Examination Card

Examinee Number	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Biomedical Sciences	Program
Exam Type	①. General Admission ②. Working Individuals	
Language Used in the Exam	①. Japanese ②. English	
Exam Subjects		
Written	Oral	
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	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Biomedical Sciences	Program
Exam Type	①. General Admission ②. Working Individuals	
Language Used in the Exam	①. Japanese ②. English	
Exam Subjects		
Written	Oral	
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	※ This field should be left blank.	
Name	TSUKUBA Taro	
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Biomedical Sciences	Program
Exam Type	①. General Admission ②. Working Individuals	

Cut here

Biomedical Sciences
or
Clinical Sciences

- <Guidelines for the Completion>
- Attach photographs and fill in your name and program.
 - 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
 - Cut out along the lines.

Acceptance Card

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

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 (Research Title and Content)	<p>Foreign applicants who have completed a university education in a country which has a less than 18 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 24 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. 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	医学を履修する課程 Doctoral Programs (four-year)
	人間総合科学研究科 Graduate School of Comprehensive Human Sciences
	生命システム医学専攻 Program: Doctoral Programs in Biomedical 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	※	郵	外	受 験 番 号
	有 職 者	連 携 大 学 院						※

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

Graduate School	Graduate School of Comprehensive Human Sciences	Program	Program: Doctoral Programs in Biomedical Sciences	Name	TSUKUBA Taro
-----------------	---	---------	--	------	---------------------

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	These fields should be left blank.
Research Plan	○	All applicants	
Research/ Specialty Report	○	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) Completion Certificate	○	All applicants	
Degree Certificate	○	<ul style="list-style-type: none"> Applicants who graduated from (completed) a foreign university Applicants who obtain a qualification for application from the National Institution for Academic Degrees and University Evaluation 	
Academic Transcript	○	All applicants	
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.

Entry Example

速 達

3 0 5 - 8 5 7 7

郵便局で
書留速達
便にする
こと

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	Doctoral Programs (four-year) in Graduate School of Comprehensive Human Sciences Program: Doctoral Programs in Biomedical Sciences Course: ○○○
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.