

Confirmation Form

Date (yyyy/mm/dd): _____

To the President of University of Tsukuba

Graduate Schools and Programs to which application is being made.

Graduate School: _____

Program: _____

Applicant's Name: _____

Signature: _____

Regarding your university's organizational restructuring plan of graduate schools and programs scheduled in April, 2020, I hereby confirm that I have read the “改組再編の資料 (organizational restructuring plan)” published on your university's website and I will belong to a new degree program which succeeds the graduate school and program written above (for which I will take an entrance examination) upon being admitted if new organizations get chartered.

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 :]					

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			
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 (Gregorian calendar)	Month
	Private	3	School/ Faculty			1	2	5		
	Foreign	4								
	Other	5	College/ Department							
	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								
	Other	5	Program							

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		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	
	ローマ字										
	Family name First Name Middle Name										
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） 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
				~	
				~	
				~	

※
添 付 印

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 2020)

**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
<div>Photo</div> <div>(4 x 3cm)</div> <div>Headshot with no hats, taken within the last three months</div> <div>(Attach identical photographs.)</div>	

(August 2020)

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
<div>Photo</div> <div>(4 x 3cm)</div> <div>Headshot with no hats, taken within the last three months</div> <div>(Attach identical photographs.)</div>	

(August 2020)

**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

<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 (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
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受 験 番 号
※

University of Tsukuba Graduate Admissions 2020 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]			
Confirmation Form		All applicants	
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 2020 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	※
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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

書留速達（出願書類在中）

教育推進課
御中

Japan
茨城県つくば市天王台一―一―一
筑波大学教育推進部

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.