

(Separate Form)

(Year) / (Month) / (Day)

Application for Examination of Qualifications for Admission to Tohoku University Graduate School of Medicine

Attn: Dean of the Graduate School of Medicine of Tohoku University

(Furigana)

Name _____ * signature

(Western Calendar) (Year) / (Month) / (Day) () (years old)

I hereby attach the necessary documents and apply for the qualifying examination for admission to the following graduate school program.

Please check the box of the program for which you are applying.
If you are applying for admission to master's course or doctoral program, please check the box of the department you prefer to enter.

- Master's Program in Medical Sciences ➡ [Enroll in 2020 Enroll in October 2019]
- Doctoral Program in Medical Sciences (Graduate School of Medicine) ➡ [Enroll in 2020 Enroll in October 2019]
- Request for Special Examination for Working Adults (only for Completion of Medical School Course)
- Master's Program in Disability Sciences ➡ [Enroll in 2020 Enroll in October 2019]
- Doctoral Program in Disability Sciences ➡ [Enroll in 2020 Enroll in October 2019]
- Master's Program in Health Sciences ➡ [Enroll in 2020]
- Doctoral Program in Health Sciences ➡ [Enroll in 2020 Enroll in October 2019]
- Master's Program in School of Public Health ➡ [Enroll in 2020]

Desired Course to Enter	(Professor _____)			
Educational History	Type of Last School Attended (Circle the item that applies)	1. University (4-year program) 2. Junior College (2-Year program) 3. Junior College (3-Year program) 4. Technical College 5. Other(_____)	Qualifications for Application for Enrollment Applicable Items number (_____)	
	Name of School (Fill in all schools since elementary school)	Period of Enrollment (Express using the Western Calendar)	Term of Study	Number of Years Enrolled
		(Year) (Month) to (Year) (Month)		
		(Year) (Month) to (Year) (Month)		
		(Year) (Month) to (Year) (Month)		
		(Year) (Month) to (Year) (Month)		
		(Year) (Month) to (Year) (Month)		

