(Separate Form)　　Date of Entry : / /
(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;*If applicable)

Name

Date of Birth : / / ( )
(Western Calendar) (Year) (Month) (Day) (Age)

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

Please check the box of the course for which you wish to apply.
If you wish to apply several course of the master's program, please check the box of your first select major.

□Master's Program in Medical Sciences Course
➡[□ Enroll in April 2027 □~~ Enroll in October 2026~~]
□PhD Program in Medical Sciences Course
➡ [□ Enroll in April 2027 □ Enroll in October 2026]
□Special Examination for Working Adults (Only for the PhD Program in Medical Sciences Course)
➡ [□ Enroll in April 2027 □ Enroll in October 2026]
□Master's Program in Disability Sciences Course
➡[□ Enroll in April 2027 □ Enroll in October 2026]
□PhD Program in Disability Sciences Course
➡ [□ Enroll in April 2027 □ Enroll in October 2026]
□Master's Program in Health Sciences Course
➡[□ Enroll in April 2027 □ ~~Enroll in October 2026]~~
□PhD Program in Health Sciences Course
➡[□ Enroll in April 2027 □ ~~Enroll in October 2026~~]
□Master's Program in School of Public Health
➡ [□ Enroll in April 2027 □ Enroll in October 2026]

<table>
<tr><td>Expecting Department</td><td colspan="4">Department name:
(Professor's name:)</td></tr>
<tr><td rowspan="5">Educational Background</td><td rowspan="2">School Type of Latest Educational Background
(Circle one applies)</td><td colspan="2" rowspan="2">1. University (Undergraduate, 4-year program)
2. Junior College (2-Year program)
3. Junior College (3-Year program)
4. Technical College
5. Other( )</td><td>Admission Requirement Number
*Please check the number by admission guidelines</td></tr>
<tr><td>( )</td></tr>
<tr><td colspan="2">Name of School
(Fill in all schools since elementary school)</td><td>Term of Enrollment
(Western Calendar)</td><td>Standard duration of completion</td><td>Duration of being a student</td></tr>
<tr><td colspan="2"></td><td>(Year)/(Month) to (Year)/(Month)</td><td>Year(s)</td><td>Year(s)</td></tr>
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		(Year)/(Month) to (Year)/(Month)	Year(s)	Year(s)
		(Year)/(Month) to (Year)/(Month)	Year(s)	Year(s)

	Institution name (History After Graduation)	Term of Research / Work Experience (Western Calendar)	Duration
Research/ Work Experiences		(Year) / (Month) to (Year) / (Month)	Year(s)
		(Year) / (Month) to (Year) / (Month)	Year(s)
		(Year) / (Month) to (Year) / (Month)	Year(s)
		(Year) / (Month) to (Year) / (Month)	Year(s)
		(Year) / (Month) to (Year) / (Month)	Year(s)
		(Year) / (Month) to (Year) / (Month)	Year(s)

Personal Information	Address: Landline Telephone ( )−( )−( ), Mobile Phone ( )−( )−( ) E-Mail Address: @