

(Bachelor Level)

Application for Admission for International Students (Exchange Program)



To the president of Prefectural University of Hiroshima

(Filing Date)

_____ (MM/DD/YYYY) _____

Name	(Family/Middle Name)	(Given Name)	
Date of Birth (MM/DD/YYYY)		Gender	<input type="checkbox"/> M · <input type="checkbox"/> F
Home Institution (University, Faculty)			
Date of Enrollment (in Home Institution)		Academic Year (as of Sept 2025)	
Address			
TEL		Email	
Religion, if applying for the Faculty of Bioresource Sciences (For dormitory room assignments)			

I hereby apply for the exchange program based on the agreement between our universities.

Desired Faculty	(Faculty)	(Department)	(Studies/Course)
Desired Supervisors (For the Faculty of Bioresource Sciences)	(1st choice)	(2nd choice)	
Desired Length of Period	<input type="checkbox"/> 1 year	(September 2025 to August 2026)	
	<input type="checkbox"/> 1 semester	(September 2025 to March 2026)	

(Required Documents)

- 1 Study Purpose & Plan *To be submitted as a Word file
- 2 Letter of Recommendation
- 3 Transcript
- 4 Certificate of Enrollment (Certificate of Student Registration)

5 Document certifying English/Japanese Language Proficiency such as TOEFL/JLPT score report

6 Health Certificate (English or Japanese)

7 Photocopy of your passport (Bio page only)

8 Application of "Certificate of Eligibility" *To be submitted as an Excel file

9 Data of ID photo (4cm×3cm) *To be submitted as an JPEG file

* Please number the file names of the attachments from 1 to 9 and submit 2 to 7 as PDF files.

(Graduate School Level)

Application for Admission for International Students (Exchange Program)

To the president of Prefectural University of Hiroshima



(Filing Date)

_____ (MM/DD/YYYY)

Name	(Family/Middle Name)	(Given Name)	
Date of Birth (MM/DD/YYYY)		Gender	<input type="checkbox"/> M · <input type="checkbox"/> F
Home Institution (University, Graduate Program)			
Date of Enrollment (in Home Institution)		Academic Year (as of Sept 2025)	
Research Field			
Address			
TEL		Email	
Religion, if applying for the Program in Biological System Science (For dormitory room assignments)			

I hereby apply for the exchange program based on the agreement between our universities.

Desired Graduate School	(Graduate School)	(Department)
Desired Supervisors	(1st choice)	(2nd choice)
Desired Length of Period	<input type="checkbox"/> 1 year (September 2025 to August 2026)	
	<input type="checkbox"/> 1 semester (September 2025 to March 2026)	

(Required Documents)

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(For all)

Study Purpose & Plan

1. The purpose to study at Prefectural University of Hiroshima (About 700 words)

2. Study (Research) Plan at Prefectural University of Hiroshima (About 700 words)

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPER) in Japanese or English.

氏名
Name: _____
Family name, First name Middle name

男 Male 生年月日
女 Female Date of Birth: _____

1. 身体検査
Physical Examination

(1) 身長 _____ 体重 _____ kg
Height _____ cm Weight _____ kg

(2) 血圧 _____ mm/Hg ~ _____ mm/Hg
Blood pressure _____ mm/Hg ~ _____ mm/Hg

血液型
Blood T

ABO	RH	+
		-

脈拍 整 Regular
不整 Irregular
Pulse 整 Regular
不整 Irregular

(3) 視力
Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
裸眼 Without glasses 矯正 With glasses or contact lenses

色覚異常の有無 正常 Normal
Color blindness 異常 Impaired

(4) 聴力 正常 Normal 言語 正常 Normal
Hearing: 低下 Impaired Speech: 異常 Impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること(6ヶ月以上前の検査は無効。)
Please describe the results of physical and X-ray examinations of the applicant's chest X-rays (X-rays taken more than six months prior to the certification are NOT valid).



肺 正常 Normal
Lungs: 異常 Impaired

心臓 正常 Normal
Cardiomegaly: 異常 Impaired

← Date

Film No.

異常がある場合

心電図 Electrocardiograph: 正常 Normal
異常 Impaired

Describe the condition of applicant's lungs.

3. 現在治療中の病気 Yes (Disease _____)
Disease currently being treated No

4. 既往症
Past history : Please indicate with + or - and fill in the date of recovery
(If the applicant has not contracted any of the disease, please check "None".)(いずれも該当しない場合は、なしにチェックすること。)
Tuberculosis..... (. .) Malaria..... (. .) Other communicable disease..... (. .)
Epilepsy..... (. .) Kidney disease..... (. .) Heart disease..... (. .)
Diabetes..... (. .) Drug allergy..... (. .) Psychosis..... (. .)
Functional disorder in extremities..... (. .)
None.....

5. 検査 Laboratory tests
検尿 Urinalysis: glucose (), protein (), occult blood ()
赤沈 ESR: _____ mm/Hr, WBC count: _____ /cmm 貧血
anemia
Hemoglobin: _____ gm/dl, GPT: _____

6. 診断医の印象を述べて下さい。(問題がない場合も、その旨ご記入ください。)
Please give your impression of the applicant's health. (If you do not have a particular opinion, please write as such.)

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？
In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?
Yes No

日付
Date: _____

署名
Signature: _____

医師氏名
Physician's Name in Print : _____

検査施設名
Office/Institution: _____
所在地 Address: _____