



# University of Tsukuba

## Faculty of Medicine

### Undergraduate Medical Science Course in Tsukuba 2019

Feb 18, 2019 – Feb 23, 2019.

Name of Applicant	Full name as it appears on your passport or ID card:			Photo (3cm × 4cm)
Nationality				
Date of Birth		Gender: (M / F)		
	(Year / Month / Day)			
Current Address	Address:			
	Country:		E-mail:	
	Phone:		Skype ID:	
Emergency Contact	Name:		Relationship:	
	Phone:		E-mail:	
Passport Information	Passport (issued by): Passport Number: Expiration Dates (month / day / year): <i>Please attach a copy of passport page with your name and photo.</i>			
Education Information	<b>Undergraduate / College</b>			
	Name of University / Institution			
	Field of Study (major)			
	Indicate which month/year you expect to graduate. If graduated, indicate graduation month/year.			
	GPA (Grade point average as percentile or scale: eg; 80/100 or 3.2/4.0): <i>Please attach a copy of academic transcript.</i>			
Employment (if any)	Title and Periods (mm/yy) ~ (mm/yy)			
	Name of Institution or Industry:			
	Title and Periods (mm/yy) ~ (mm/yy)			
	Name of Institution or Industry:			
English Proficiency	TOEFL/iBT or IELTS	Score	Test Dates (month / day / year)	

**Topic or field of research you are interested in? (200 words max):**

**Why did you choose to apply for this program? (300 words max):**

Have you attended any courses offered by University of Tsukuba, such as Molecular Biology Course at ITB, Summer School in Tsukuba, Advanced Topics in Biotechnology and Medicine courses, etc... ? (Yes or No). If Yes, Please state the program and year attended below.

Have you traveled to Japan before? If so, please provide dates of visit and your purpose below.

**DECLARATION (Please read and sign below)**

By signing I agree to the following: I accept full responsibility for all information about me submitted to the internship by me or on my behalf. I certify that the information is true and complete. *Please email back Application Form in Microsoft Word format and not any other format. Please attach scanned copy of your passport and transcript as PDF.*

Signature (or type "agree" and your name  
on the above line)

Date: (month/day/year)