Graduate School of Medicine, Kyoto University Professional Degree Program in Public Health 2025

Requirement	9	•	10	
X Circle either number				

Application Form for Eligibility Screening

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	□Undergraduate Student (th grade) □Graduate Student(Doctoral / Master's Program/ th Grade) □Research Student (Fill out "Affiliation") □Employee (Fill out "Affiliation") □Others (Fill out "Affiliation")		/	(Fill out your position institution name)	on, laboratory name and			
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	Are you an employee? □ Yes • □ No							
If you are an employee, you will □continue working • □ take leave • □ resign after the enrollment to Graduate								
Scho	ool of Medicine) <u>.</u>						