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

Examination	
No.*	

Research Protocol

	%For the applicants of Maste	r of Clinical Research (MCR) Course
Name in		For office use only
Katakana First Name		
First Name	Last Name Middle Name	
Date of	1 1	
birth	(yyyy/mm/dd in western calendar)	
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	Course :	Research Field:
Course	Course:	
Oddisc	Master of Clinical Research (MCR) Course	
	()	
(Describe eith	er your doubts about clinical medicine or overview of your future research	plan as far as you can at the moment)
	•	`
		Continued overleaf

(Backside)
♦Information of your previous supervisor Name
Affiliation
Contact information
◆Information of your prospective supervisor after completing MCR course. (Fill out if it has been already determined)
Name
Affiliation
Contact information
♦ Information of the applicant's current affiliation. (including the laboratory name)
Name
Affiliation
Contact information

Note:) It is possible to paste the typed paper on the form but all the items must be affixed within the appropriate blanks.