

Date: / / (YYYY/MM/DD)

Application Form for Admission / Extension as Research Student

To the dean of Faculty of Medicine,

Name (Please Print) :

Signature :

I hereby apply for admission / extension as a Research Student in Faculty of Medicine, Kyoto University as follows.

Name of Laboratory			
Research Theme			
Name and Title of Prospective Professor		Seal of Professor	Submission of the Pre-screening Sheet For Accepting Foreign Students
			Professor's check <input type="checkbox"/>
Enrollment / Extended Period	From: / / (YYYY/MM/DD)		Chose one: 1. New Admission 2. Extension
	To: / / (YYYY/MM/DD)		
	*In case of extension, write the current period of enrollment From: / / (YYYY/MM/DD) To: / / (YYYY/MM/DD)		
Tuition Payment	Chose one: 1. Non-Installment 2. Installment (*Applicable only if the enrollment period is longer than 6 months)		
Remarks			

※If you have completed the AAO application, please be sure to include your AAO ID in the remarks field.

Curriculum Vitae

Date: / / (YYYY/MM/DD)

Name in Alphabet/Chinese Character and Katakana		Male or Female
Date of Birth	/ / (YYYY/MM/DD) (Age:)	
Contact/ Mailing Address	Postal Code : Address : Tel : Email:	
Education History		
Enrollment Period (Entrance-Graduation)	Name of University, Faculty and Department	
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Employment History		
Tenure Period (Start date-End date)	Name of Organization, Department, and Title	
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If you have a “Japanese” Medical Doctor license, pharmacist or other professional licenses, please fill out below.

Type of license	Registration No.	Qualifying Date