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| **Graduate School of Medicine, Kyoto University**  **Master’s Program in Medical Science 2024** | | | Examination No.\* |  |
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|  | **Statement of Purpose** |  |

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| Name in Katakana | |  | | | For office use only |
| First Name Last Name Middle Name | | | | |  |
| Date of birth | | / / (yyyy/mm/dd in western calendar) | | |  |
| Title of the Bachelor’s Degree Thesis | | If the Bachelor’s thesis was not required for the graduation at your university, write as “No Bachelor’s Thesis was required” instead. | | | |
| (Statement of purpose on applying Master’s Program in Medical Science） | | | | | |
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| （Research Protocol after enrollment） | | | | | |
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| Current Status  (Select one) | □Undergraduate Student（　 th year）  □ Graduate Student  （Doctoral / Master’s Program/ th year）  □ Research Student（Describe details in the right column）  □ Employed（Describe details in the right column）  □ Others（Describe details in the right column） | | Affiliation | （Fill out your position, laboratory name and institution name） | |
| Telephone No.（　　　）　　　― | |

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

Print in one-side in A4 paper.