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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.