

**Graduate School of Medicine, Kyoto University**  
**Professional Degree Program in Public Health 2024**

Requirement	9 • 10
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※Circle either number

**Application Form for Eligibility Screening**

Name in Katakana			
First Name		Last Name	Middle Name
Date of birth	/ / (yyyy/mm/dd in western calendar) (Age as of April 1 <sup>st</sup> 2024      years)		
Prospective Research Field	Course :      Research Field : (Those who apply to the Genetic Counselor Course and Clinical Biostatistics Course do not have to fill out)		
Education Record	Fill out your education record since high school in western calendar.		
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	Enrollment Period years	High School:
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	University: Faculty: Major:
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
Employment Record	Fill out your employment record until present if you have any. (in western calendar)		
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	Period of Employment years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
	Entered Date / / (yyyy/mm/dd) Graduated Date / / (yyyy/mm/dd)	years	
Current Address	Postal code      —		
	Telephone No. (      )      — Mobile No. (      )      — e-mail      @		
Present Position	<input type="checkbox"/> Undergraduate Student (    th grade) <input type="checkbox"/> Graduate Student (Doctoral / Master's Program / th Grade) <input type="checkbox"/> Research Student (Fill out "Affiliation") <input type="checkbox"/> Employee (Fill out "Affiliation") <input type="checkbox"/> Others (Fill out "Affiliation")		Affiliation  (Fill out your position, laboratory name and institution name)  Telephone No. (      )      —
	Are you an employee? <input type="checkbox"/> Yes   • <input type="checkbox"/> No If you are an employee, you will <input type="checkbox"/> continue working   • <input type="checkbox"/> take leave   • <input type="checkbox"/> resign after the enrollment to Graduate School of Medicine.		