Preliminary Eligibility Check Sheet　　　　　　　　　　 （注）記入は、日本語又はローマ字体を用いてください。　Please fill in Japanese or English

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 氏 名Name | 英文In English | Family Name First Name Middle Name | 男（M）・女（F） | 希望専攻・課程Program to apply（Circle One） | A. Master’s Program in Medical SciencesB. Professional Degree Program in Public Health. C. Doctoral Program in MedicineD. JD Program in Genomic MedicineE. Doctoral Program in Public HealthF. Doctoral Program in Medical Sciences | 　Financial Status国　費　 ・ 　私　費MEXT scholarship / Private Financed |
|  |
| フリガナKatanakana |  |
| 母国語Home Language |  | 生年月日Date of Birth | Date of birth (yyyy/mm/dd) / 　　/ 　　Age（　　years old） | 国　籍Nationality |
| 希望研究分野とコンタクト有無Desired Research Field (Department)　and Approval | Research Field( ) | Approved to Apply?( Yes / No) | AAO ID: | 正規の修学年数Officially Required　Years for Graduation | 入学及び卒業年月Year and Month ofEntrance and Graduation/Completion | 修学年数Actual Period of SchoolingYou have Attended | 専攻科目Major Subjectif Any | 学位・資格Diploma orDegree Awarded |
|  | 学　校　名　所　在　地Name and Address of School |
|  | Year | Month | Year | month |
| 初 等 教 育Elementary Education | 学校名Name |  | 年yrs | from |  |  |  |  |  |  |
|  | 小　学　校 |  | 所在地Location |  | to |  |  |
| Elementary School |
| 中 等 教 育Secondary Education | 学校名Name所在地Location |  | 年yrs | from |  |  |  |  |  |  |
|  | 中　学　校 |  |  | to |  |  |
| Lower Secondary School |
| High School | 学校名Name |  | 年yrs | from |  |  |  |  |  |  |
|  | 高　　　校 |  |
| Upper Secondary School | 所在地Location |  | to |  |  |
| 高 等 教 育Higher Education | 学校名Name所在地Location |  | 年yrs | from |  |  |  |  |  |  |
|  | 大　　　学 |  |  | to |  |  |
| Undergraduate Level |
|  | 学校名Name |  | 年yrs | from |  |  |  |  |  |  |
|  | 大　学　院 |  |
| Graduate Level | 所在地Location |  | to |  |  |
| 以上を通算した全学校教育修学年数Total years of schooling mentioned above | 年yrs | Total | yrs | yrs |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 研　究　歴Research Career | 研究機関 Name of Research Institution | 職名 Position | 所在地 Address | 研究期間 Period of Research | 年数　years |
|  |  |  | 　/ / ~　　/ / | Years Month(s) |
|  |  |  | 　　　/ / ~　　/ / | Years Month(s) |
| 職　　　歴Employment Record | 勤務先名 Name of Organization/Company | 職名Position | 所在地 Address | 在職期間 Period of employment | 年数　years |
|  |  |  | 　/ / ~　　/ /  | Years Month(s) |
|  |  |  | 　　　/ / ~　　/ / | Years Month(s) |