Graduate School of Medicine, Kyoto University Doctoral Program in Medical Science 2025

Requirement %Circle either number

6 • 7 • 8

Application Form for Eligibility Screening

Name in Katakana					
First Name		La	st Name		Middle Name
Date of birth	/ / (yyyy/mm/dd in western calendar) (Age as of April 1st 2025 years)				years)
Choice of Research Field	Division (Research	Field)	
Fill out your education	record since h	igh school in wes	tern calendar.		
Entered Date / Graduated Date / (yyyy/mm/dd)	/	Enrollment Period years	High School:		
Entered Date / Graduated Date / Graduated Date / Graduated Date /	1	years	University: Faculty: Major:		
Entered Date / Graduated Date /	1	years			
Entered Date / Graduated Date /	1	years			
Entered Date / Graduated Date /	1	years			
Fill out your employme If you had an assignment period.		present if you have	• •	alendar) e company, fill out the name	of the institute and
Entered Date Graduated Date (yyyy/mm/dd) Entered Date (yyyy/mm/dd) Entered Date Graduated Date // Entered Date		Period of Employment years			
Entered Date /	<i>I</i>	years			
Entered Date / Graduated Date /		j			
Entered Date /	1	years			
Graduated Date /	Postal code	years			
Current Address	Telephone Note:	0. ()		Mobile No. () –
Present Program/ th G	Student (th grade) dent (Doctoral / Master's grade) ent (Fill out "Affiliation"⇒) out "Affiliation"⇒)			(Fill out your position, lab institution name)	oratory name and
□Employed (Fill □Others (Fill ou				Telephone No. (_
Are you an employee?		□ No	•	•	
If you are an employee, yo School of Medicine.	u will □continu	ue working •	□ take leave •	□ resign ,after the enrol	Iment to Graduate

In Katakana			
First Name	Last Name	Middle Name	

Continue your education/employment record below if there are more than the indicated space on the first page. From Period (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) / То yrs (yyyy/mm/dd) From Period / (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period / (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) / То Education Record/ Employment Record yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period / (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) / То yrs (yyyy/mm/dd) From Period / (yyyy/mm/dd) То yrs (yyyy/mm/dd) From Period (yyyy/mm/dd) To yrs (yyyy/mm/dd)

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Letter of Recommendation For Eligibility Screening

Name in Katakana						
Name of the Applicant	First Name	Last Name			Middle Name)
Date of birth	/ / (yyyy/mm/dd in western	calendar)	(Age at A	April 1 st ,	2025	years old)
Desired Research Field	Division	(Research F	ield)
Title of the Bachelor's Degree Thesis	If the Bachelor's thesis was not	required for the graduation, p	olease write "Not re	equired"		
(About the applican	t's research – The applicant's att				e research expe	eriments.)
<u> </u>	······································		ʻ			
 						
(The status of applied	cant's general activities)					
			·			
Date: /	1	Institute/Company Position of recommender Name of recommender	3 Γ			
				Signatu	ire or Seal of	recommender

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Certificate of Employment Period

		Name in	Kataka	ana					
		Name							
		Date	of I	Birth	1	1	(in	western	
		calen	dar)						
This is to certify that the abo	ove mentioned persor	n		is current was empl	ly emp oyed	bloyed		as follows	
Name of the Institute/Company :									
Employment Period :	From /	<i>l</i>	1	I	(Total:_	Years	_Mont	rhs)	
Position Name:	(Full-time/Tenure))							
Date: /	1								
	Position of Ce	ertifier							

Name of Certifier

Official seal or institution/company seal