## Graduate School of Medicine, Kyoto University Professional Degree Program in Public Health 2026

Requirement	9	•	10		

## **Application Form for Eligibility Screening**

Nam	e in Katakana							
		First Name	irst Name Last Nar		Middle Name			
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Are	Are you an employee? □ Yes • □ No							
If you are an employee, you will □continue working • □ take leave • □ resign after the enrollment to Graduate								
School of Medicine.								