

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

Examination  
No.\*

**Research Protocol**

※For the applicants of Master of Clinical Research (MCR) Course

Name in Katakana		For office use only
First Name	Last Name Middle Name	
Date of birth	/ / (yyyy/mm/dd in western calendar)	
Course	Course : Master of Clinical Research (MCR) Course	Research Field :

(Describe either your doubts about clinical medicine or overview of your future research plan as far as you can at the moment)

Continued overleaf

(Backside)

◆ Information of your previous supervisor	
Name	
Affiliation	
Contact information	
◆ Information of your prospective supervisor after completing MCR course. (Fill out if it has been already determined)	
Name	
Affiliation	
Contact information	
◆ Information of the applicant's current affiliation. (including the laboratory name)	
Name	
Affiliation	
Contact information	

Note: ) It is possible to paste the typed paper on the form but all the items must be affixed within the appropriate blanks.