Application Form for Doctoral Degree Program Division of Health Sciences The University of Osaka Graduate School of Medicine FY()

Fill in	Persons enrolled at The University of Osaka at the time of application.				Student I	udent ID No.					
	Examinee's number						number	*			
Research ar (Not						Seal of	expected	supervisor			
Pronunciation	of Name(Japar	ese KATAKANA)							Gende)
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Date of Birth		/	/								
For international students		× Please chec	ould like to a	nt ored inte	rnation		d student vho obtair	n approval f	int str		
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(Only for t	ne Area of	original score of Integrated Health ology and Science	and Nursing						if you ar		ting this
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Please check if you would like the questions and answer sheets in English.

(Only for applicants in the Area of Medical Laboratory Science and Technology)

(Note) (1) Do not fill in the field marked with **. (Select): please choose.

- (2) Please indicate your Research area to apply by referring to'5. Selection of Research Area' and 'Appendix: List of Research Areas of Supervisors and <u>Abbreviations for Application Form</u>' in the application guidelines.
- (3) Applicants who have been assessed as having academic qualifications equivalent to or higher than an individual who has a master's degree by an individual admission qualification assessment should enter their academic and professional background after the qualification assessment has been carried out.
- (4) Please fill in the section of Educational background starting with university graduation.

 International students should fill in the form from elementary school, including the period of research students or Japanese language schools.

※ 受験番号	
Examinee's number	

志望理由書

Statement of reasons for application

大阪大学大学院医学系研究科保健学専攻博士後期課程 Doctoral Degree Program Division of Health Sciences The University of Osaka Graduate School of Medicine

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(フリガナ) 氏 名 NAME (Pronunciation of Name)		志望する研究領域(略称) Research area to apply(abbreviation)					
本医学系研究科保健学専攻博士後期課程を志望する動機を具体的に書いてください。 Please describe in detail your motivation for applying to the Doctoral Degree Program Division of Health Sciences, The University of Osaka Graduate School of Medicine.							
		な研究をしたいのか、具体的					
	l what kind of research you wo versity of Osaka Graduate Scho	ould like to do in Doctoral Degrool of Medicine.	ee Program Division of				

受 験票 (年度) Examination Voucher (FY 写真 (全面のり付) 受験番号 Photograph (Paste Here) X Examinee's number 1.正面上半身脱帽3カ月以 内に撮影したもの 志望する研究領域(略称) Front upper body no hats, Preferred Research area taken within the last 3 months (フリガナ) 2.大きさは本欄に合わせる (Pronunciation of Name) こと。 Size must match this column. 氏 名 Name ※欄は記入しないこと/ Do not fill in the ※ field 縦5 cm×横4 cm 5 cm (length) x4 cm(width) (年 月 日撮影) (Shooting YYYY/MM/DD)

大阪大学大学院医学系研究科保健学専攻博士後期課程

Doctoral Degree Program Division of Health Sciences The University of Osaka Graduate School of Medicine

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写真票(年月	隻)
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Photograph voucher (FY)

受験番号 Examinee's number	*
志望する研究領域(略称) Preferred Research area	
(フリガナ) (Pronunciation of Name) 氏 名 Name	

※欄は記入しないこと/ Do not fill in the ※ field

写真(全面のり付) Photograph (Paste Here)

1.正面上半身脱帽3カ月以内に撮影したもの Front upper body no hats, taken within the left 3 months

taken within the last 3 months

2.大きさは本欄に合わせる こと。Size must match this column.

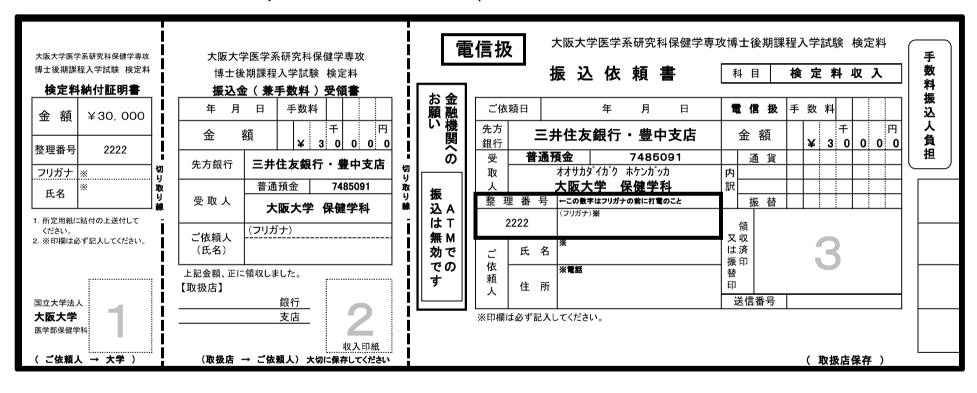
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(年 月 日撮影) (Shooting YYYY/MM/DD)

検定料振込依頼書

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※日本国内の金融機関のみ利用可。Only available at financial institutions in Japan.



受験番号 Examinee's Number	*
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氏名	
Name	
志望する研究領域	
(略称)	
Preferred Major	

検定料納入証明書貼付用紙 Pasting Paper for Certificate of payment of examination fee

貼 付 Please paste

(注 Note) 1. 剥がれないように、枠内全面に糊付けしてください。 Glue the entire surface of the frame to prevent it from peeling off.

2. ※欄は記入しないでください。 Do not fill in the ※ field.

発 送 票

Shipping slip

合格通知書を送付する場合の宛先として使用しますので、必要事項を記入して提出してください。 ※印欄は記入しないでください。

※住所を変更した場合は、必ず教務係まで連絡してください。

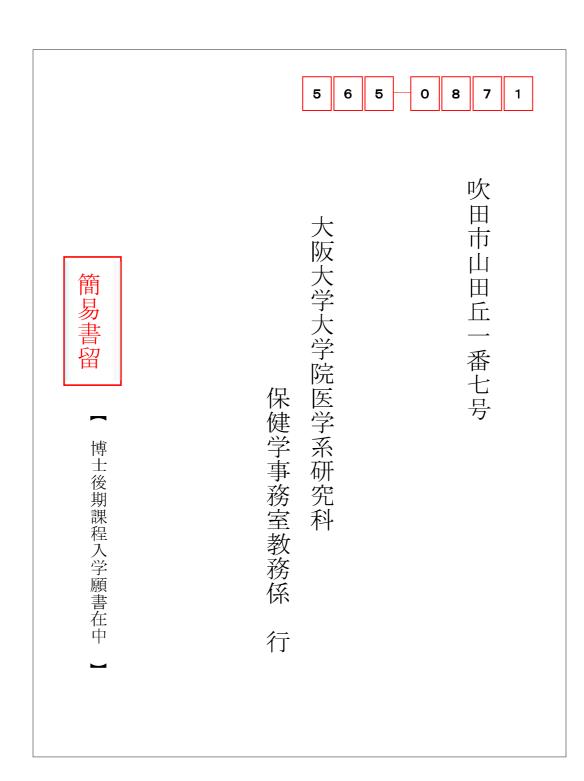
Address is where applicant wishes to receive correspondence. Notification of success procedure will be sent to this address.

- Do not fill in the field.
- This form is for sending documents related to entrance examination and Acceptance letter.
- Please fill out and submit the required information.

(If you change your address, be sure to notify the Educational Affairs Section.)

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住所Address (In Japan ONLY)						
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氏名NAME	様					
※受験番号						
Examinee's number						

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住所Address (In Japan ONLY)						
氏名NAME	様					
※受験番号						
Examinee's number						
For Official use only						



出願書類チェックリスト【博士後期】 Check List of Application Documents(Doctor Course)

下記チェック欄のあてはまるものに☑を付けて、提出書類に漏れがないか確認のうえ、出願書類に同封してください。

Please check the following check boxes 🗵 to make sure that there are no omissions in the submitted documents and enclose them with the application documents.

		氏名 Name				
	提出書類/Application Documents	チェック/CHECK				
1	入学願書 Application form	提出 Submission				
2	志望理由書 Statement of reasons for applying	提出 Submission				
3	受験票・写真票(写真を貼付したもの) Examination voucher and photograph (Attach your face photo)	提出 Submission				
4	成績証明書 ※志望領域によって必要書類が異なります Academic transcript ※Required documents vary depending on Preferred Research Area	提出 Submission	提出なし (本学卒・見込) Submission None (those who have completed (or are expected to complete) the master's degree program of the Division of Health Sciences, "The University of Osaka Graduate School of Medicine)		提出なし (個別の出願資格) Submission None (Application Eligibility Screening)	
5	修士課程修了(見込)証明書等 Certificate of (expected) completion of master's degree program, etc.	提出 Submission	提出なし (本学卒・見込) Submission Note (those who have completed for are expected to complete) the master's degree program of the Division of Health Sciences The University of Osaka Graduate School of Medicine)		提出なし (個別の出願資格) Submission None (Application Eligibility Screening)	
6	学位授与証明書 Certificate of degree conferral	提出 Submission			提出なし(該当なし) ubmission None(Not applicable)	
7	修士論文の内容の要旨 Abstract of master's thesis	提出 Submission			提出なし(該当なし) Submission None(Not applicable)	
8	検定料納入証明書 Certificate of payment of examination fee	振山 Submission No		Submission None	提出なし :学博士前期在学生) re(Those who enrolled at Division of Health versity of Osaka Graduate School of Medicine)	
9	発送票 Shipping slip		提出	Submission		
10	受験票送付用封筒(所定料金分の切手を貼付したもの) Envelope for sending an examination voucher (affix a 460-yen stamp)	提出 Submission				
11	住民票又は在留カードの写し(日本在住の外国人志願者のみ) Copy of resident register or residence card (Only for foreign applicants residing in Japan)	提出 Submission			提出なし(該当なし) ubmission None(Not applicable)	
12	バスポートの写し(海外在住の外国人志願者のみ) Copy of passport (Only for foreign applicants residing abroad)	提出 Submission		提出なし(該当なし) Submission None(Not applicable)		
13	戸籍抄本 ※本学卒業者であっても該当する場合は提出が必要です。 Extract of family register ※Even if you are a graduate of The University of Osaka, you are required to submit this document if applicable.	提出 Submission		提出なし(該当なし) Submission None(Not applicable) □		
14	審査合格確認(証明)書類 (出願資格 (6)で出願する者のみ) Documents proving that the applicant has passed the examination specified in (6) of the Application Eligibility	提出 Submission		提出なし(該当なし) Submission None(Not applicable)		
15	英語外部検定試験の結果(原本) ※出願時に提出した志願者でも試験当日の再提出が可能です。 ※医療検査技術科学分野の志願者は「提出なし(該当なし)」にチェックをつけてください。 Results of English External Examinations (Original Scores) ※Applicants who have submitted this document on the day of application can resubmit it on the day of the examination. ※Please check the "Submission None (Not applicable)" box for applicants in the Area of Medical Laboratory Science and Technology.	出願時に提出 Submission on the day of application	出願時には (試験当日 No Submission on applict (Submission on examina	に提出) on the day of ation the day of the ition)	提出なし (該当なし) Submission None (Not applicable)	
16	提出書類チェックリスト(本紙) Check List of Application Documents(This document)	提出 Submission				