

## How to fill out the Admission Application Card for Doctoral Course of Health Sciences, Graduate School of Health Sciences, Kumamoto University

### 1. Type of examinations

“Type of examinations”  
“Application No.\*”

Circle the type No. that applies.  
Do not fill in.

### 2. Major of your choice, etc.

“Major of your choice”

No need to fill in.

### 3. Name

“Name in English”

Enter your first name and family name separately in the respective spaces.

### 4. Date of birth, age, and gender

“Date of birth”

Enter your date of birth in the relevant space in an 8-digit number in order of year (4 digits) followed by month (2 digits) and date (2 digits)

(e.g. Born on May 10, 2001 → 20010510)

“Age”

Enter your current age.

“Gender”

Circle the number that applies.

### 5. Eligibility for Application

“University from which you graduated”

Circle one of the numbers for “National,” “Public” and “Private” that applies to the university from which you graduated or are expected to graduate. Then enter the information regarding the university and graduate school in each space. If you have graduated from an educational institution other than a university, enter as much detailed information on the institution as possible.

“Identification code of your university”

Enter the identification code of the university to which your graduate school is affiliated (left-justified), referring to Table 2.

If your academic record does not include a graduate school, enter the code of the university from which you graduated.

If no code on the table corresponds to your university, enter the 6-digit code 999999. (e.g. Kumamoto University → 0384)

“Expected (to complete) or Complete”

Circle the number that applies.

“Year and month of (expected) completion”

Enter the year and month of (expected) completion in a six-digit number in order of year (4 digits) followed by month (2-digits).

(e.g. Completed (expected to complete) in March 2026 → 202603)

### 6. Address

“Current address”

Enter your current address, postal code and phone number.

“Emergency contact address”

Enter your contact information where you can be reached in an emergency except for the current address, if you have.

### 7. Others

“Working adult applicants”

If your situation after enrolled in this Graduate School will match the description below, circle “1”; and if it does not, circle “2.”

**Working to make a constant income from salary, wage or compensation.  
(Including those who have resigned from a company and homemakers)**

“Type of international students”

If you are an international student, circle the number of the description that applies.

If not applicable, do not circle any number.

### ※ Former student No.

If you are currently enrolled in a school/department of Kumamoto University as a research student or other status and are applying to the Graduate School of Health Sciences for admission after your graduation/completion, enter your current student No. If not applicable, leave the space blank. If you are expected to complete the Master's Course of the Graduate School of Kumamoto University and applying for the entrance examination, please see the separate document “Screening Guideline for Applicants from Master's Course.”

### Reverse side: Resume

“Academic background”

International applicants must fill out the form from a school equivalent to a Japanese elementary school. For all others, please fill in from high school graduation.

## 1. Type of examinations

## 2. Major of your choice

### 3. Name

#### 4. Date of birth, age, and gender

**5. Eligibility for Application (university from which you graduated/are expected to graduate)**

## 6. Address

## 7. Others

**※Former student No. (for Graduates of Kumamoto University)**

Notes: 1. Fill out this Admission Application Card clearly in block letters using a black pen or ball-point pen, after carefully reading “How to fill out the Admission Application Card”.  
2. Do not fill in “Application No.\*”.  
3. Please also fill out the reverse side.

Personal history		
Type	Admission year/month	Description
Academic record	Year/Month (                      )	Graduated from                      High School
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
Employment record	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	
Rewards and punishments	Year/Month (                      )	
	Year/Month (                      )	
	Year/Month (                      )	

Notes: 1. Do not omit any required information regarding “Personal history”.

2. As for the academic record, international applicants should enter all of their school education history, and other applicants should enter their academic history from their high school graduation.

3. Admission of those who have made any false statement in their personal history may be revoked.

**AY2026 Graduate School of Health Sciences, Kumamoto University (Doctoral Course)**  
**Photo Card for Entrance Examination**

Type of examinations	General entrance examination / International Student entrance examination	Application No.	* K
Name in English			Photo (4 cm × 3 cm) Photo taken within three months before application, frontal portrait, no hat
Major of your choice	Program of Health Sciences		

Note: 1. Do not fill in the space marked with an asterisk (\*).  
2. Circle the type of examinations that applies.

-----Do not separate these forms.-----

**AY2026 Graduate School of Health Sciences, Kumamoto University (Doctoral Course)**  
**Admission Ticket to an Entrance Examination**

Types of examinations	General entrance examination / International student entrance examination	Application No.	* K
Name in English			Photo (4 cm × 3 cm) Photo taken within three months before application, frontal portrait, no hat
Major of your choice	Program of Health Sciences		

Note: 1. Do not fill in the space marked with an asterisk (\*).  
2. Circle the type of examinations that applies.  
3. This ticket must be placed on the desk and visible to the supervisor when you are taking the examination.  
4. This ticket should be kept until you receive your acceptance letter.

-----Do not separate these forms.-----

**AY2026 Graduate School of Health Sciences, Kumamoto University (Doctoral Course)**  
**Address Card for Entrance Examination**

Type of examinations	General entrance examination / International student entrance examination	Application No.	* K
Mailing address for notification of acceptance, etc.	(Postal code)	(Pref.)	(City/County)
	(Ward/Town/Village)	(Street No./Bldg./Room No.)	(C/O, if any)
	(Applicant's name)		

Note: 1. Do not fill in the space marked with an asterisk (\*).  
2. Circle the type of examinations that applies.

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Important notes:

1. You must bring your Admission Ticket with you and place it on the desk while taking an examination.
2. Please turn off your mobile phone(s).
3. Latecomers for the examination due to unavoidable circumstances will be allowed to take the examination only if it is within 30 minutes from the meeting time.

Date of examination	Subject	Time	Venue
August 22 (Fri), 2025	Oral examination		Graduate School of Health Sciences, Kumamoto University

Note: 1. The time of each examination will be announced when the examination voucher is sent.

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Application No.	*K
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# **Summary of Master's Thesis** **(or Report on Research Progress)**

Graduate School of Health Sciences, Kumamoto University (Doctoral Course)

Name		Major of your choice	Program of Health Sciences
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Note: Do not fill in the space marked with an asterisk (\*).

Application No.	*K
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## Reason for Application & Desired Research Form

Graduate School of Health Sciences, Kumamoto University (Doctoral Course)

Name		Major of your choice	Program of Health Sciences
Academic supervisor		Supervisor's signature	

I. Reason for application (Reason for choosing the Doctoral Course of the Graduate School of Health Sciences)

II. Research of your choice

Notes: 1. Do not fill in the space marked with an asterisk (\*).

**2. Be sure to have your academic supervisor's signature on the form before submitting.**

Application No.	*K
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**AY2026 Graduate School of Health Sciences, Kumamoto University**  
**(Doctoral Course) Application Form for Screening of Eligibility for Application**

Name in English Signature		Date of birth	Day/      Month/      Year /               / (age      )	Gender	Male    Female
Address			Contact information (Phone number, etc.)		
Major of your choice	Program of Health Sciences				
Academic record	Period (from admission to graduation)	Names of schools (department/course, etc.)		Qualifications (degrees)	
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	From      Year/Month (                                   ) To      Year/Month (                                   )				
	Employment record	Period	Names of companies, etc.		Tasks/duties (research)
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					
From      Year/Month (                                   ) To      Year/Month (                                   )					

- Notes: 1. Do not fill in the space marked with an asterisk (\*).  
2. If a single page of this form is not enough for your record, you may duplicate it.  
3. If you have a Certificate of Research Participation, Practicing Certificate, Certificate of Achievement or any other similar documents that can be referred to in screening, please submit them along this form.