

How to fill out the Admission Application Card for Master's 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 and course of your choice

“Major of your choice”
“Course of your choice”

Do not fill in.

Enter the name of the course of your choice and the following code that applies:

Course of Nursing	01
Course of Radiological Sciences	02
Course of Medical Laboratory Sciences	03
Course of Genetic counseling	04

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, 2002 → 2002510)

“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 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 4-digit identification code of the university from which you graduated (left-justified), referring to Table 2.

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

“Expected (to graduate) or Graduated”

Circle the number that applies.

“Year and month of (expected) graduation”

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

(e.g. Graduated (expected to graduate) in March 2025 → 202503)

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.

“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.

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.

**AY2025 3rd Term Admission Application Card for Graduate School of Health Sciences,
Kumamoto University (Master's Course)**

1. Type of examinations

Graduate School of Health Sciences	Master's Course	Term of admission	Type of examinations	1. General entrance examination 2. International student entrance examination	Application No.*	J
12	02	03				

2. Major and course of your choice

Major of your choice	Program of Health Sciences	Major code	0	1	Course of your choice	Course	Course code	
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3. Name

Name in English	First name	Last name
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4. Date of birth, age, and gender

Date of birth										Age		Gender	1. Male 2. Female
	Day	Month	Year										

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

Location of your university					Type of your university	1. National 2. Public 3. Private	Name of your university				Name of your department/course				
Identification code of your university						Expected to graduate or Graduated		1. Expected to graduate 2. Graduated		Year and month of graduation					

6. Address

Current address	Postal code:	Phone ()	E-mail @
Emergency contact address (mobile phone, etc.)	Postal code:	Phone ()	

7. Others

Working adult applicants	1. Yes 2. No	Type of international students	1. Government-sponsored 3. Prefecture-sponsored 5. At own expense	2. Dispatched by the government 4. Municipal-sponsored
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*** Former student No. (for Graduates of Kumamoto University)**

[illegible]

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” on page 11.

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. 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.

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

AY2025 3rd Term Graduate School of Health Sciences, Kumamoto University (Master's Course)

Photo Card for Entrance Examination

Type of examinations	General entrance examination / International student entrance examination	Application No.	* J
Name in English			Photo (4 cm × 3 cm) Photo taken within three months before application, frontal portrait, no hat
Your choice	The course of your choice		
	Course of		

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.-----

AY2025 3rd Term Graduate School of Health Sciences, Kumamoto University (Master's Course)

Admission Ticket to an Entrance Examination

Type of examinations	General entrance examination / International student entrance examination	Application No.	* J
Name in English			
Your choice	Name of the course		
	Course of		

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 completing the enrollment procedure.

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

AY2025 3rd Term Graduate School of Health Sciences, Kumamoto University (Master's Course)

Address Card for Entrance Examination

Type of examinations	General entrance examination / International student entrance examination	Application No.	* J
Mailing address for notification of acceptance	(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

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 an examination due to unavoidable circumstances will be allowed to take the examination only if it is within 30 minutes from the start of the examination.

Date of examination	Subjects	Time	Venue
March 1 (Sat), 2025	Written examination		Graduate School of Health Sciences, Kumamoto University
	Oral examination		

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

Application No.	*J
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Reason for Application & Desired Research Form

Graduate School of Health Sciences, Kumamoto University (Master's Course)

Name		Course of your choice	
Academic supervisor		Supervisor's Signature	

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

II. Research of your choice

- Notes:
1. Do not fill in the space marked with an asterisk (*).
 2. Please see "Full-time Supervisors and Research Themes" for "Course of your choice."
 - 3. Be sure to have your academic supervisor's signature on the form before submitting.**

