### 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.
<b>2. Major of your choice, etc.</b> "Major of your choice"	No need to fill in.
<b>3. Name</b> "Name in English"	Enter your first name and family name separately in the respective spaces.
<b>4. Date of birth, age, and gender</b> "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, 2000 $\rightarrow$ 20000510)
"Age" "Gender"	Enter your current age. 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
"Identification code of your university"	<ul><li>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.</li><li>Enter the identification code of the university to which your graduate school is affiliated (left-justified), referring to Table 2.</li><li>If your academic record does not include a graduate school, enter the code of the university from which you graduated.</li></ul>
"Expected (to complete) or Complete" "Year and month of (expected) completion"	<ul> <li>If no code on the table corresponds to your university, enter the 6-digit code 999999.</li> <li>(e.g. Kumamoto University → 0384)</li> <li>Circle the number that applies.</li> <li>Enter the year and month of (expected) completion in a six-digit number in order of year (4 digits) followed by month (2-digits).</li> <li>(e.g. Completed (expected to complete) in March 2025→ 202503)</li> </ul>
6. Address	
"Current address" "Emergency contact address"	Enter your current address, postal code and phone number. 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.
"Type of international students"	(Including those who have resigned from a company and homemakers) 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.

#### AY2025 3<sup>rd</sup> Term Admission Application Card for Graduate School of Health Sciences, Kumamoto University (Doctoral Course)

#### 1. Type of examinations

1																	
Graduate School Health Science		Doctora	al Course	e Ter	m of admis	ssion	Type of		exan	eral entrai		Applic No.*	ation	K			
12			03		03		examination	examinations 2. International student entrance examination									
2. Major of	f you	ır ch	oice				<u>-</u>										
Major of your choice	Prog	ram of I	Health Sc	eiences		ajor ode	0 1										
3. Name																	
Name in English	Firs	st name					Last nam	ie									
4. Date of b	oirth	ı, age	e, and	gen	der												
Date of birth							Age			C	Gender 1. Ma 2. Fe						
L	Day	Mo	onth	Year				1					_				
5. Eligibilit	ty fo	r Ap	plicat	tion	(unive	rsity	y from wh	nich	you gr	aduat	ted/are ex	pecte	d to g	gradua	te)		
Location of your university						and m uation	nonth of										
Information regard your university	ding	Nation Public Privat	•			τ	Sch University	ool/De	partment			Course/D	epartme	nt			
Location of your graduate school																	
Information regard your graduate scho		Nation Public Privat	•		Univ	versity	Affiliated Gra	duate S	School of		Master's O Pre-doctor		è			М	lajor
Identification code your university	e of						Expected (to complete) Completed	or	1. Expe 2. Com		Year and mo completion	onth of					
6. Address									•								
	Ро	stal cod	le:														
Current address											phone E-mail		(	) @			
Emergency contac address (workplac mobile phone, etc.	e,	stal cod	le:										,	,			
7. Others											phone		(	)			
Working adult	1. Yes 2. No					ir	ype of nternational tudents	3. Pre	vernment- fecture-sp own exper	onsored		patched b nicipal-sp		vernment			

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

Former student No.		_			
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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. <u>Please also fill out the reverse side.</u>

Personal history						
Туре	Admission year/month	Descript	ion			
	Year/Month	Graduated from	High School			
	Year/Month					
	Year/Month					
Academic record	Year/Month					
	Year/Month					
·	Year/Month					
	( Year/Month					
	( Year/Month					
	( Year/Month )					
Employment	Year/Month (					
record	Year/Month					
	Year/Month					
-	Year/Month					
	Year/Month					
Rewards and punishments	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.

#### AY2025 3rd Term 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
Major of your choice	Program of Health Sciences		three months before application, frontal portrait, no hat

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 (Doctoral Course) Admission Ticket to an Entrance Examination

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

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

2. Circle the type of examinations that applies.

This ticket must be placed on the desk and visible to the supervisor when you are taking the examination.
 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 (Doctoral Course) Address Card for Entrance Examination

Type of examinations	General entrance examination / International student en examination	trance	Application No.	* K
	(Postal code)		(Pref.)	(City/County)
Mailing address for notification of acceptance,	(Ward/Town/Village) (Street No./Bldg./F	Room No.)	(C/O, if any	)
etc.	(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 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
March 1 (Sat), 2025	Oral examination		Graduate School of Health Sciences, Kumamoto University

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

Application No.	*K

# 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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Application No. **\***K

# **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	
	blication (Reason for choosing the		f the Graduate School of Health
II. Research of y	our choice		

\*K Application No.

## AY2025 3<sup>rd</sup> Term 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 inf (Phone nu etc.	umber,					
Major of your choice		Program of Health Sc	tiences								
	Period (from admission to graduation)		tion) Na	Names of schools (department/course, etc.)					Qualifications (degrees)		
Academic record	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
Employment record	Period			Names of companies, etc.			,	Tasks/duties (research)			
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) Year/Month )									
	From ( To (	Year/Month ) 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.