

Elective program

## APPLICATION FORM

First name				Attach Photo
Middle name(s)				
Family name				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b> dd/mm/yyyy	<b>Age</b>	<b>Nationality</b>	
<b>Postal address</b>			<b>For emergency contact</b>	
<b>E-mail</b>			<b>Name of the person</b>	
<b>Telephone</b> (*Please include country code)			<b>Email</b>	
			<b>Telephone</b>	
			<b>Fax</b>	
<b>Full name of your home medical institution</b>				
<b>Address of the institution</b>				
<b>Total years of your medical studies required for the Degree of Medical Doctor:</b> (    ) years				
<b>Semester you will be in at the time of participation:</b> (    ) th semester				
<b>Expected year of graduation:</b> (yyyy)				
<b>Have you passed skills examination for a clinical rotation?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not yet				
<b>Experience of clinical practices in hospitals:</b>				
<input type="checkbox"/> None				
<input type="checkbox"/> Yes				
(    ) weeks at the Department of _____ in (country) _____				
(    ) weeks at the Department of _____ in (country) _____				
<b>Languages</b>				
<b>Native language:</b>				
<b>English proficiency:</b>				
<b>Japanese proficiency:</b>				

<b>Period of participation</b>		
From	to	Duration of training ( ) weeks
dd/mm/yyyy	dd/mm/yyyy	
<b>Please list 3 departments/fields you wish to train at.</b>		
<input type="checkbox"/> Research:		
1.	2.	3.
<input type="checkbox"/> Clinical:		
1.	2.	3.
<b>Will you earn any credits for the training on this elective program?</b>		
<input type="checkbox"/> Yes. Subject title: _____ Amount of credits: _____		
<input type="checkbox"/> No.		
<b>If you are going to receive any scholarship to participate in this program, please provide its details.</b>		
Name of scholarship _____ Amount _____		
<b>If you have any previous entry or stay in Japan, please state the length in total.</b>		
For ( ) weeks/months/years		
<b>Date of application</b>		
<b>Signature of applicant</b>		