|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University of Tsukuba**  **Faculty of Medicine**  **Undergraduate Medical Science Course in Tsukuba**  **Feb 16, 2020 – Feb 22, 2020.** | | | | | | | | | |
|  | | | | | | | | | |
| **Name of**  **Applicant** | Full name as it appears on your passport or ID card: | | | | | | | (photo) | |
|  | | | | | | |
| **Nationality** |  | | | | | | |
| **Date of Birth** |  | | | | **Gender:**  (M /F) | |  |
| (Year / Month / Day) | | | |
| **Current**  **Address** | Address: |  | | | | | | | |
| Country: |  | | | E-mail: | |  | | |
| Phone: |  | | | Skype ID: | |  | | |
| **Emergency Contact** | Name: |  | | | Relationship: | |  | | |
| Phone: |  | | | E-mail: | |  | | |
| **Passport**  **Information** | Passport (issued by):  Passport Number:  Expiration Dates (month / day / year):  *Please attach a copy of passport page with your name and photo.* | | | | | | | | |
| **Education**  **Information** | **Undergraduate / College** | | | | | |  | |  |
| Name of University / Institution | | |  | | | | | |
| Field of Study (major) | | |  | | | | | |
| Indicate which month/year you expect to graduate. If graduated, indicate graduation month/year. | | |  | | | | | |
| GPA (Grade point average as percentile or scale: eg; 80/100 or 3.2/4.0):  *Please attach a copy of academic transcript.* | | | | | | | | |
| **Employment (if any)** | Title and Periods (mm/yy) ~ (mm/yy) | | |  | | | | | |
| Name of Institution or Industry: | | |  | | | | | |
| Title and Periods (mm/yy) ~ (mm/yy) | | |  | | | | | |
| Name of Institution or Industry: | | |  | | | | | |
| **English**  **Proficiency** | TOEFL/iBT or IELTS | | Score | | | Test Dates (month / day / year) | | | |
|  | |  | | |  | | | |
|  | |  | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Topic or field of research you are interested in? (200 words max):** | | | | | | |
|  | | | | | | |
| **Why did you choose to apply for this program? (300 words max):** | | | | | | |
|  | | | | | | |
| Have you attended any courses offered by University of Tsukuba, such as Molecular Biology Course at ITB, Summer School in Tsukuba, Advanced Topics in Biotechnology and Medicine courses, etc… ? (Yes or No). If Yes, Please state the program and year attended below. | | | | | | |
|  | | | | | | |
| Have you traveled to Japan before? If so, please provide dates of visit and your purpose below. | | | | | | |
|  | | | | | | |
| *This application form must be received by the University of Tsukuba, Faculty of Medicine by Dec 5, 2019.* | | | | | | |
| **DECLARATION (Please read and sign below)** | |  |  |  |  |  |
|  | | | | | | |
| By signing I agree to the following: I accept full responsibility for all information about me submitted to the internship by me or on my behalf. I certify that the information is true and complete. Please email back Application Form in Microsoft Word format and not any other format. *Please attach scanned copy of your passport and transcript as PDF.* | | | | | | |
|  | | | | | | |
| Signature (or type “agree” and your name on the above line) |  |  | Date: |  | | |