

令和5(2023)年度 東京大学大学院医学系研究科
国際保健学専攻 修士課程 入学願書

School of International Health (Global Health Sciences) Application Form for the Master's Program

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|--|--|-------------------------|-----------------------|--|
| ※受験番号 (Examinee Number) | | | | |
| 志望専攻名 (School that you are applying) | 国際保健学専攻 International Health (Global Health Sciences) | | | |
| 志望専攻分野 (Department of your choice) | | | | |
| 志望指導教員 (Adviser of your choice) | | | | |
| フリガナ (Name, in Japanese phonetic writing) | 性別 (Gender) | 年齢 (Age) | 才 | |
| 氏名 (Name in full in native language) | 男 (Male) | 生年月日 (Date of birth) | 年 / 月 / 日 YY/MM/DD | |
| Name of applicant (in English) | 女 (Female) | 国籍 (Nationality) | | |

履歴(出身大学等) 日本以外の学校教育制度により修了の者は下記の二重枠欄に記入すること。
 (If you completed non-Japanese schools, skip this section and fill in the items in the Education section below.)

| | | | | | |
|--|---|--------------------|------------------------|-------------------------------|--|
| Date of entry and graduation (year) (month) | Undergraduate Program 国立 (national) 公立 (public) 私立 (private) | 大学 (University) | 学部 (Name of school) | 学科・専修 (Name of department) | 入学 (entry) |
| 年 月 (year) (month) | | | 学部 | 学科 専修 | 卒業 (graduation) 卒業見込 (expect to graduate) |
| 年 月 (year) (month) | | | | | |
| 年 月 (year) (month) | | | | | |

| Education: (Only those who completed non-Japanese educational institution should fill in) | | | Period of Attendance | | Duration [years] |
|---|-------------|--------------------|-------------------------|--|------------------|
| Level of Education | School name | years of schooling | From (YY/MM) to (YY/MM) | | |
| Elementary | | [] years | (/) to (/) | | |
| Secondary (Junior) | | [] years | (/) to (/) | | |
| Secondary (Senior) | | [] years | (/) to (/) | | |
| Higher (Undergraduate) | | [] years | (/) to (/) | | |
| Faculty Department | | | | | |
| Higher (Graduate) | | [] years | (/) to (/) | | |
| School Department | | | | | |
| Total years of schooling [] | | | | | years |

| | | | |
|---------------------------|--|---------------|-------------------|
| 研究生 (Research student) | 年 月 ~ 年 月 (year) (month) (year) (month) | 大学 (Univ.) | 学部 研究科 (Dept.) |
|---------------------------|--|---------------|-------------------|

職歴 (Business career)

合格の際、 在職のまま入学 休職して入学 退職する予定 該当欄に✓印を付けること
 After admission, you intend to: keep the job absent the job leave the job put on mark "✓" with the choice

| | |
|--|--|
| 年 月 ~ 年 月 (year) (month) (year) (month) | |
| 年 月 ~ 年 月 (year) (month) (year) (month) | |
| 年 月 ~ 年 月 (year) (month) (year) (month) | |
| 年 月 ~ 年 月 (year) (month) (year) (month) | |

記入上の注意 太枠線内はもれなく記入すること。
 (※欄は記入しないこと。)

(Note : Fill in the all columns inside bold line (without ※ marked column))

裏面にも必ず記入すること。
 (Write the back side of the form.)

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| 現住所及び連絡場所 (Current address and Emergency address) | | ※提出書類に不備があった場合の連絡は、原則E-mailまたは携帯に連絡します。 We will contact you via e-mail or cellular phone, if there is any mistakes or problem in this document. | |
| 現住所 (Current address) | 〒 □□□ — □□□□ | TEL | |
| | (Zip code) | 携帯 (Portable phone number) | |
| E-mail address | | | |
| 連絡場所 (緊急時) (Emergency contact address) | <input type="checkbox"/> 現住所と同じ Tick the box above if your emergency address is the same as your current address. 現住所と異なる場合は下記に記入すること If your emergency contact is different from your current address, fill in the items below. | | |
| | 〒 □□□ — □□□□ | TEL | |
| (Zip code) | 携帯 (Portable phone number) | | |
| E-mail address | | | |

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| 本学在籍者のみ記入すること (University of Tokyo students only) | |
| 学生証・研究生証 (ID card Number for University of Tokyo students) | |
| 学生共通アカウント UTokyo Student Account (10 digits Number near the photograph on the ID card) | |

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| Financial support (International students only. Tick appropriate boxes and fill in items) | |
| <input type="checkbox"/> Supported by scholarship Type of scholarship <input type="checkbox"/> Japanese government (MEXT etc.) scholarship <input type="checkbox"/> Foreign government scholarship <input type="checkbox"/> Other type of scholarship: name of the scholarship: _____ Period of scholarship support: From / / To / / <input type="checkbox"/> Self-supported student | |
| Status of residence ※Fill in only if you have a Status of residence at the time of application. 在留資格 | |

| | |
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| 本入学試験の成績開示を希望する者はチェックすること。 Those applying for disclosing examination result Should put a check mark. | <input type="checkbox"/> |
|---|--------------------------|