

# Guide for Application to Master's Program in Medical Sciences

Graduate School of Comprehensive Human Sciences, University of Tsukuba



## NUMBER OF STUDENTS ACCEPTED

Limited

## QUALIFICATION OF APPLICANTS

The qualification for the entrance includes at least one of the followings:

- (1) 4-year College Degree Holder.
- (2) Persons who have completed 16 years of school education outside Japan.
- (3) Persons who have been qualified through our admission screening and was judged to have accomplished equivalent to 4-year College degree. The applicant must be 16 years or older before enrollment to the program.\*

\* The degree qualification will be examined individually.

*To apply for Dual Master's Program, the applicant must be enrolled in: The University of Medicine and Pharmacy at Ho Chi Minh City (Vietnam), University of Science at Ho Chi Minh City (Vietnam) or National Taiwan University.*

## PROFICIENCY IN ENGLISH

It is necessary for applicant to demonstrate an adequate command of the English language to benefit from studies at this University. All applicants, if their first language is not English or if their studies at university have not been conducted solely in English, must demonstrate English language proficiency by taking the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) and having their score reported directly to University of Tsukuba, Graduate School of Medical Sciences (TOFEL center code: 7902). TOEFL and IELTS score reports must be dated within two years of enrollment in this University.

## REQUIRED DOCUMENTS

- 1 Application Form** Fill out the attached application form designated by University of Tsukuba. Please select which program and term you wish to apply for.
- 2 Reference Form** Applications will be considered with academic references. Reference form should be accompanied with at least one letter of recommendation.
- 3 Picture** Attach a picture of yourself taken within three months, facing forward without hat on the Application Form Size: 4 cm x 3cm (h x w).
- 4 Application Fee** 30,000 yen (will not be charged to the applicants with Japanese Government Monbukagakusho Scholarship or if applied for Dual Master's Program). Payment by credit card is available at:  
<https://e-shiharai.net/english/?schoolcode=OPU5100850000000>  
due by application deadline. Payment in Japan is available through post office, banks, convenience stores and various banking institutions. Please contact for the instruction by e-mail: [iga-in@un.tsukuba.ac.jp](mailto:iga-in@un.tsukuba.ac.jp).
- 5 Certificate of Graduation** Submit a certificate from school which fulfills our qualification requirements, normally from the University/College (or the department) where degree was awarded.

- 6 Transcript** All applicants are required to provide evidence of their academic qualifications for the application. Submit a transcript of the school, which fulfills our qualification requirements, normally from the university (or the department) where a degree was awarded. If you are a transfer student, submit transcripts from both schools, before and after the transfer from your current University.
- 7 English Language Proficiency** If English is not your first language, request your TOEFL or IELTS score sent directly to this University (TOFEL code: 7902). Further information on your English proficiency may be requested from our University.

## APPLICATION PROCEDURE

Please verify all the documents carefully and submit the documents to:

Academic Service Office for the Medical Sciences Area  
University of Tsukuba  
1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan

Please use the attached recommendation letter form. The letter may be sent from the referee as an e-mail attachment or with the application forms in a sealed envelop.

Application Period: Please refer to our web page for the application deadline.

Information about Exam will be issued by e-mail when the application documents are accepted.

Contact your prospective supervisor in advance.

<Click here for the contact information (of the program) about the research fields.>

## SELECTION METHOD

Selection will be based on (a) academic records (b) oral examination and (c) english proficiency during the interview. Prospective applicant will be contacted by e-mail after the preliminary screening based on the submitted documents. Date and location of an interview will be arranged. The applicant will be able to select the venue where the oral examination will be offered.

## ADMISSION PROCEDURE

Successful applicants will receive an instruction on the admission procedure by e-mail. An official letter from the University of Tsukuba will be sent by mail.

## TUITION AND FEES

Admission Fee: 282,000 yen (will not be reimbursed once received).

Tuition: 267,900 yen (April ~ September); 535,800 yen annually.

*Both tuition and fee are waived for (a) Dual Master's degree candidate and (b) applicants with Japanese Government (Monbukagakusho) Scholarship.*

## OTHERS

- 1) Application that is incomplete will not be processed.  
Validation seals of the institution are required on the copies of Certificate of Graduation and Academic Transcript.
- 2) Application documents will not be returned to the applicants.
- 3) The inquiries about the result of Achievement Test are not accepted.
- 4) Any further questions on admission or application procedure, please contact the International Office by e-mail: iga-in@un.tsukuba.ac.jp.

# Application Form for Master's Program in Medical Sciences

Graduate School of Comprehensive Human Sciences, University of Tsukuba



PLEASE PRINT OR TYPE ALL SECTIONS

**1. APPLICATION FOR:**    Fall (October), 2015    Spring (April), 2016

- Master of Public Health Program (two-year)
- Master's Program in Medical Sciences (two-year; including Japanese applicant living abroad)
- Dual Master's Degree Program

## 2. PERSONAL DATA

Family Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Title (Mr./Ms./Dr., etc.) \_\_\_\_\_  
 Nationality \_\_\_\_\_ Date of Birth (d/m/y) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-mail \_\_\_\_\_ Skype ID \_\_\_\_\_

## 3. PROPOSED STUDIES

List the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choices in case the 1<sup>st</sup> choice is not selected.

	Research Field	Professor
1 <sup>st</sup> choice :	_____	_____
2 <sup>nd</sup> choice :	_____	_____
3 <sup>rd</sup> choice :	_____	_____
4 <sup>th</sup> choice :	_____	_____

## 4. DEGREE OR DIPLOMAS AWARDED OR TO BE AWARDED

University / College	Degree (AA, BA, MSc, etc.)	Major	Course Dates	Conferred or expected date (month/year)
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____ to _____	_____

## 5. EMPLOYMENT HISTORY

Name and Address of employer (including country)	Type of Contract (fixed, temporary or permanent)	Position	Dates
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

## 6. LANGUAGE

First Language \_\_\_\_\_ Other Language \_\_\_\_\_

English Language Test Taken (e.g. TOEFL, IBT)	Date of Test (month/year)	Overall Score	Written Score
_____	_____	_____	_____
_____	_____	_____	_____

Official copy of English language proficiency test must be sent to the Registrar office when the results are available.

## 7. LETTER OF RECOMMENDATION

If you have research experience in academic institutions during the past 5 years, you are required to obtain letters of recommendation from faculty who is familiar with your study. If you have any work experience, the second recommender should be from your employer. If you have no record of employment, the second recommender should be from another academic.

### FIRST RECOMMENDER

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

### SECOND RECOMMENDER

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

YOU SHOULD SEND YOUR REFERENCES IN A SEALED ENVELOPE WITH YOUR APPLICATION FORM

You should send your reference letter in a sealed envelope with your application forms or ask the recommender to send it directly to the International Office at the University of Tsukuba, Medical Branch.

## 8. FINANCIAL PLAN (Applicant for Dual Master's Program do not need to complete this section)

### Who is paying your tuition?

- I will pay my own fees.  
 I have been awarded for sponsorship. I will send an original document to Registrar and complete the details below.  
 I have applied for sponsorship. Decision expected (month/year) \_\_\_\_\_

NAME & ADDRESS OF SPONSOR

AMOUNT OF AWARD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Who is paying your living costs?

- I will pay my own fees.  
 I have been awarded sponsorship. I will send an original document to Registrar and complete the details below.  
 I have applied for sponsorship. Decision expected (month/year) \_\_\_\_\_

NAME & ADDRESS OF SPONSOR

AMOUNT OF AWARD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I certify that the statements made by me on this form are correct and complete. I certify that I will not be concurrently registered for another Degree of the University of Tsukuba. I understand that, if admitted to the University, the University will not be able to provide any financial assistance. To be signed and date by applicant.***

Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Field of Study & Study Program

(1) Describe your current field of study:

(2) Describe your study and research you plan to pursue (use additional pages if necessary) :



## COMMENTS

We would appreciate your comments on the applicant's qualifications for graduate study in the space below. If you prefer writing with a separate recommendation letter, or need additional space, please use official letterhead stationery and mark a cross this part.

## OVERALL RECOMMENDATION

Please select one of the following:

- I strongly recommend this applicant for the program of study
- I recommend the applicant for the program of study
- I do not recommend the applicant for the program of study
- I am unable to comment

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for completing this form. Please sign above and enclose this form in an envelope, seal it and return it to the applicant or send directly to the address below. You may also e-mail the signed form to [iga-in@un.tsukuba.ac.jp](mailto:iga-in@un.tsukuba.ac.jp).**

Academic Service Office for the Medical Sciences Area  
University of Tsukuba  
1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan