

Guide for Application to Doctoral 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) Obtain a Master's degree *¹
- (2) Persons who have completed 18 years of school education outside Japan.
- (3) Persons who have been qualified through our admission screening and was judged to have accomplished equivalent to Master's degree. The applicant must be 24 years or older before enrollment to the above program.*²

*¹ The degree qualification will be examined individually.

*² For category (3), applicants must submit necessary documents for the admission screening.

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 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 Doctoral 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.
- 5 Certificate of Graduation** Submit a graduate certificate from the graduate school which fulfills our qualification requirements, normally from the University/College (or the department) where a master's degree was awarded.
- 6 Transcript** All applicants are required to provide evidence of their academic qualifications for the application. Submit a transcript of the graduate school, which fulfills our qualification requirements, normally from the university (or the department) where a master's 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 (TOEFL 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 email 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.

(Note) Applicants must contact their prospective supervisor about the specialized research field in advance. (Applicants for the Cooperative Graduate School System must contact the sub-supervisor at the University of Tsukuba as well.)

If your supervisor is from Cooperative Graduate School System or a specific supervisor (※), you are required to have a sub-supervisor. If this is your case, please write on your application form the name of the sub-supervisor that is listed on "List of teacher research fields" with parenthesis. If parenthesis is blank on the list or if you cannot identify your sub-supervisor, please contact Academic Service Office for the Medical Sciences, University of Tsukuba [E-mail: iga-in@un.tsukuba.ac.jp

<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 e-mail.

TUTION 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 Doctoral 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 Doctoral 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

- Doctoral Program in Biomedical Sciences (including Japanese applicant living abroad)
- Doctoral Program in Clinical Sciences (including Japanese applicant living abroad)
- Dual Doctoral Program (for applicant enrolled in foreign graduate school affiliated with University of Tsukuba to obtain doctoral degree from both institutes)

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 2nd, 3rd and 4th choices in case the 1st choice is not selected. If your supervisor is from Cooperative Graduate School System or a specific supervisor (※), you are required to have a sub-supervisor.

	Research Field	Professor and Sub-Supervisor
1 st choice :	_____	_____
		(Sub) _____
2 nd choice :	_____	_____
		(Sub) _____
3 rd choice :	_____	_____
		(Sub) _____
4 th choice :	_____	_____
		(Sub) _____

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 Languages _____

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

8. FINANCIAL PLAN

Who is paying your tuition?

- 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

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: _____

Experiences in Public Health

Name of Applicant: _____

Date of Birth: _____

This is to certify that the above person has engaged in the activities as follows:

Name of the Institution:	
Current status:	
Duration:	From : _____ to _____ . (_____ years and _____ months).
Outline of Activities:	
Name and Position of Academic Advisor:	Academic Advisor: _____ Position: _____

Date: _____

Signature: _____

Name: _____

Title *: _____

Institution: _____

Address: _____

Telephone: _____

e-mail: _____

** The title of the certifier should be equivalent to that of the representative of the organization.*

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.

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