

Form 1 (Ph.D. Course)

APPLICATION FOR SHINSHU UNIVERSITY GRADUATE SCHOOL OF MEDICINE

(Application should be typewritten or written in Roman block capitals.)

姓名 Name	(In English)		
	(In own language)	姓 (Family name)	名 (First name) (Middle name)
生年月日 Date of Birth	年・月・日 (yy/mm/dd)	(      years old)	
国籍 Nationality		Gender: <input type="checkbox"/> 男 (Male) <input type="checkbox"/> 女 (Female)	
連絡先住所 Contact Address (the reachable location until admission has been confirmed)	Phone e-mail	Fax	
現職 (Present status)	職歴(Employment Record)		
学歴 (Educational background)	年・月 (yy/mm)	学校名 School	
過去の専攻分野 (Field of study specialized in the past)	業績 (Publication list, if any)		

申請年月日 (Date of application)

申請者署名 (Signature)

## 志望理由書 (外国人用)

## Reason for Application

姓 名 Name		※受験番号 Examinee Number	
修士論文題目 Masters' Thesis	Title:		
第 1 志望講座 Desired Dept. Choice 1		第 2 志望講座 Desired Dept. Choice 2	
本講座を第 1 志望にした理由を述べよ。(State why you wish to apply for the Choice 1 department above.)			
研究計画 (Research Plan)			

Shinshu University Graduate School of Medicine

Please do not write in the column marked [※].

Form 3

2010 Admission

Shinshu University School of Medicine

Ph.D. Course

Medical Sciences Major

## 受験票 Examinee Card

Category	外国人 Overseas Applicant
受験番号※Examinee Number	
Name	Male Female
生年月日 Date of Birth	
Paste your photo in the center of this column. 4 cm H X 3 cm W With no hat Taken within 3 months	
志望講座 Desired Department	

2010 Admission

Shinshu University School of Medicine

Ph.D. Course

Medical Sciences Major

## 写真票 Photo Card

Category	外国人 Overseas Applicant
受験番号※Examinee Number	
Name	Male Female
生年月日 Date of Birth	
Paste your photo in the center of this column. 4 cm H X 3 cm W With no hat Taken within 3 months	
志望講座 Desired Department	

# 受 験 承 諾 書 (外国人用)

## Letter of Agreement

出身大学 \_\_\_\_\_  
Name of the School last attended

受験者氏名 \_\_\_\_\_  
Examinee's Name signature

生年月日 \_\_\_\_\_  
Date of Birth

上記の者が、平成22年度信州大学大学院医学系研究科（博士課程）の入学試験を受験することを承諾します。I agree that the above mentioned sit for the Entrance Examination for the Ph.D. Course (2010 Admission) of the Shinshu University Graduate School of Medicine.

平成 年 月 日  
DATE:

講座名 \_\_\_\_\_  
Department

担当教授 \_\_\_\_\_  
Supervising Professor

信州大学大学院医学系研究科  
Shinshu University Graduate School of Medicine