

Application (Circle your choice)	
Program : Master · PhD	Long-Term Study Course: Yes · No

Applicant No. (Do not write)

**Application of admission to Graduate School of Medicine,
Kansai Medical University (2011 Academic Year)**

Preferred major and class subject		First choice	Second choice (if applicable)	
	Course	Medical Science Course/Advanced Medicine Course	Medical Science Course/Advanced Medicine Course	
	Class	Field	Field	
		Subject	Subject	
Supervising professor	seal	seal		
ふりがな		Permanent Address	Prefecture or Nationality	
Name				
ローマ字表記			Photo (5 cm × 4 cm) Taken within three months Fill out your name and university on the backside Paste total area	
Date of birth	year month day (Age)	Sex		Male · Female
Contact address	(〒 -)			
	TEL	Cell-phone		
	e-mail			
Place of work	(Name)			
	(〒 -)			
	TEL	(extension)		
Qualification for admission	University	year month day		
		Department of , Faculty of , University Graduated · Will graduate		
	Graduate School	year month day		
		University, Graduate School of , Course Completed · Will complete		
Guarantor	ふりがな	Relation to the applicant		
	Name	Occupation		
	Current address	(〒 -)	TEL	

I hereby apply for admission to Graduate School of Medicine, Kansai Medical University with specified documents.

Date year month day

Name

seal

To the president of Kansai Medical University

Resume

Category	Month	Year	Events (after entering high school)	
Education			Entered High School	
			Graduated from High School	
			Entered Department of ,Faculty of , University	
			Graduated from Department of ,Faculty of , University	
			Entered Graduate School of , University	
Job Career				
Awards & Penalties				
Medical License	Passed Year		License Number	
	The th. Examination		No.	
	Month	Year		
Postgraduate Clinical Training	Name of Hospital		Term	Completed
			From (Month) (Year)	Will Complete
			To (Month) (Year)	

	Relation	Name	Occupation	Relation	Name	Occupation
Family	Father					
	Mother					