

Application for Long-Term Study Program  
(Advanced Residency Course)

Date:

To the President of Kansai Medical University:

First Choice  
Medical Science Course  
Advanced Medicine Course

Field:  
Subject:

Name

Here, I apply for the Long Term Study Course (Advanced Residency Course), as following:

Note

1 Term

5 yeas from entering program

2 Reason

I agree with this application.

Supervising Professor to be \_\_\_\_\_ Seal

(Attached Document)

Certificate of working