

Form 1 (Masters 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)	あれば、業績 (Publication list, if any)		

申請年月日 (Date of application)

申請者署名 (Signature)

Form 2 (Masters Course)

志 望 理 由 書 (外国人用)

Reason for Application

姓名 Name		※受験番号 Examinee Number	
学士論文題目 Bachelor's Thesis	Title:		
志 望 講 座 Desired Dept. Choice 1		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.			
入学後の研究計画 (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

Masters 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		
<p>Paste your photo in the center of this column.</p> <p>4 cm H X 3 cm W</p> <p>With no hat</p> <p>Taken within 3 months</p>		
第1志望講座 1 Choice	Department:	
第2志望講座 2 Choice	Department:	

2010 Admission

Shinshu University School of Medicine

Masters 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		
<p>Paste your photo in the center of this column.</p> <p>4 cm H X 3 cm W</p> <p>With no hat</p> <p>Taken within 3 months</p>		
第1志望講座 1 Choice	Department:	
第2志望講座 2 Choice	Department:	

受 験 承 諾 書 (外国人用)

Letter of Agreement

出身大学等 _____
Name of the School last attended

受験者氏名 _____ 印
Examinee's Name signature

上記の者が，平成 22 年度信州大学大学院医学系研究科（修士課程）医科学専攻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 Masters 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 _____ 印
Supervising Professor

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