

2016 Entrance Application Form for Doctoral Course
Graduate School of Pharmaceutical Sciences, HIGO Program Kumamoto University
 (平成28年度 熊本大学大学院薬学教育部 (博士課程)HIGO プログラム 4年コース入学志願票)

1. Selection category (入試区分等)

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|--|---|-----------------------------|---------------------------|------------------------------|----------------------------|---|
| Graduate School of Pharmaceutical Sciences (薬学教育部) | Master course (博士前期課程) Doctoral course (博士課程) | Application category (募集区分) | Selection category (入試区分) | 1. HIGO Program (HIGO プログラム) | ※ Examinee's number (受験番号) | K |
| 06 | 1 | 02 | | | | |

2. Name (氏名)

| | | |
|-------------------------|----------------|---------------|
| Name in katakana (フリガナ) | Family name(氏) | First name(名) |
| Name (氏名) | | |

3. Date of birth and others (生年月日等)

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|----------------------|--|----------|--|-------------|----------------------------|
| Date of birth (生年月日) | | Age (年齢) | | Gender (性別) | 1. Male(男) 2. Female(女) |
|----------------------|--|----------|--|-------------|----------------------------|

4. Place of family registry, etc (本籍地等)

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| Nationality (国籍) |
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5. Application qualifications (出願資格)

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|-------------------------|---------------|-------------|--------------|-----------------------|------------------------|-------------------|
| University, etc (出身大学等) | National (国立) | Public (公立) | Private (私立) | University (大学) | Faculty (学部) | Department (学科卒業) |
| | National (国立) | Public (公立) | Private (私立) | Graduate School (大学院) | Research Section (研究科) | Course(課程) |

| | | | | | |
|---|--|---------------------------------|--|--|--|
| Prospective graduate or graduate (卒業見込卒業の別) | 1. Prospective graduate (卒業見込) 2. Graduate (卒業) | Year/Month of graduation (卒業年月) | | | |
|---|--|---------------------------------|--|--|--|

6. Field of choice (志望分野)

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|------------------------|--------------------------|-----------------------------------|--|
| Major (専攻名) | Clinical Pharmacy (医療薬学) | Code of field of choice (志望分野コード) | |
| Field of choice (志望分野) | | | |

7. Pharmacist license (薬剤師免許)

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|---------------------------------------|--|
| Date of Pharmacist license (薬剤師免許取得日) | |
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8. Address (住所)

| | |
|--|-------------|
| Current address (現住所) | 〒 — TEL () |
| Emergency contact (緊急連絡先) (Work place, mobile phone, etc.) (勤務先・携帯等) | 〒 — TEL () |

9. Others (その他)

| | | | |
|---------------------------------|--|--|---|
| Working people category (社会人区分) | 1. Relevant (該当) 2. Not Relevant (該当無し) | International student category (留学生区分) | 1. Government-sponsored (国費) 2. Governmental mission (政府派遣) 3. Prefecture-sponsored (県費) 4. Municipal-sponsored (市費) 5. Privately-financed (私費) |
|---------------------------------|--|--|---|

Note 注) 1. Fill out the form in block style with black pen in reference to the [Instructions for Completing the Entrance Application Form] (記入に当たっては、【入学志願票記入項目説明】をよく読み、黒のペンかボールペンを使用し、楷書で明確に記入してください。)

2. ※Do not fill in examinee's number and University code. (受験番号と出身大学コードは、記入しないでください。)

3. Do not forget to fill out the reverse side. (裏面も記入してください。)

| Resume (履歴書) | | |
|-----------------------------|---------------------|------------------|
| Category (区分) | Year and month (年月) | Particulars (事項) |
| Educational background (学歴) | Year/Month () | |
| | Year/Month () | |
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| | Year/Month () | |
| Employment history (職歴) | Year/Month () | |
| | Year/Month () | |
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| | Year/Month () | |
| | Year/Month () | |
| | Year/Month () | |
| Rewards and punishment (賞罰) | Year/Month () | |
| | Year/Month () | |

Note) 1. Fill in your personal record completely. (履歴事項は漏れなく記入してください。)

2. If you are an international applicant, list all education you have received from the level equivalent to elementary school in Japan. If not, fill in from high school graduation. (学歴については、外国人留学生志願者は日本の小学校に相当する学校からの学校教育のすべてを、その他の志願者は高等学校卒業から記入してください。)

3. Kumamoto University may cancel your admission if falsification of background is found after enrollment. (入学後、経歴に虚偽の記載事項が発見された場合には、入学許可を取り消すことがあります。)