

## Graduate School of Medicine Osaka University

### Doctor Course Application Form for 2024October admission

- Please type or print clearly.
- This form must be completed in English and in block letters.
- Numbers should be in Arabic numerals.
- Proper nouns should be written in full, not abbreviated.

<b>ID NUMBER</b> (FOR OFFICE USE ONLY)

Name of applicant			
	(Family name)	(First name)	(Middle name)
English name (Block capitals)			
Pronunciation of name (Japanese KATAKANA) *Write if applicable			
Date of birth (DD/MM/YYYY)	Gender		Nationality
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

CONTACT INFORMATION *This information is important for the admission process.	
<b>Present address</b>	
Phone number	E-mail address

Entrance qualifications *Fill in either of the below		
For Medical School Graduates		
Name of medical school attended	Program	Date of (expected) graduation (DD/MM/YYYY)
	<input type="checkbox"/> 6-year <input type="checkbox"/> 5-year	
For Master's Degree Holders or Other		
Name of graduate school/institution attended	Date of (expected) completion (DD/MM/YYYY)	

Laboratory choice *Please refer to <i>Laboratory List</i>	
Indicate your preference for the laboratory in which you would like to carry out the research for your PhD thesis.	
Name of laboratory	Name of professor

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### Educational background

Write a list, in order from elementary school to the last school you attended.

	Name of institution	Period of attended	Duration of Attendances	Diploma or Degree awarded
	(Country)	(e.g. Sep 2008- Aug 2012)	(Years and Months)	
Elementary Education Elementary School				
Secondary Education Lower Secondary School				
Upper Secondary School High School				
Higher Education Undergraduate Level				
Graduate Level				

### Employment History

Name of company/organization	Country	Period of employment (e.g. Sep 2008- Aug 2012)

Note: list your complete educational and employment history, without omission.

## 2024 October Admission Examination Slip

ID NUMBER (FOR OFFICE USE ONLY)			Photograph (Paste here)  Taken within the last 3 months  Width 3.5 cm Height 4.5 cm
Name in KATAKANA			
Name in English			
Laboratory choice			
Name of Laboratory	Name of Professor		
NOTE *Successful applicants will need this slip during the admission process, so please keep it in a safe place.			

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-----DO NOT Cut Off-----

## 2024 October Admission Photo Sheet

ID NUMBER (FOR OFFICE USE ONLY)			Photograph (Paste here)  Taken within the last 3 months  Width 3.5 cm Height 4.5 cm
Name in KATAKANA			
Name in English			
Laboratory choice			
Name of Laboratory	Name of Professor		

Graduate School of Medicine Osaka University Doctoral Course

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## Statement of Purpose

Name of Applicants	
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Please write 400 words or so about your motivation and aspirations for study in Graduate School of Medicine Osaka University

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