学位記記載事項の確認について

Confirmation Form for Doctor’s Degree Recorded Items

This confirmation form is necessary in order to **issue your doctor’s degree certificate** after the defense result screening by the faculty meeting of Medical and Dental Sciences PhD program is completed. Please fill in this form and submit it to the **JD & MPH Group** along with your other application documents.

(1) Name: (use Japanese characters for this entry):

(2) Name :(use Roman characters for this entry; also, our office will use the name in the order ”Given Name” “Middle Name” “Family Name”.)

Given Name Middle Name Family Name

(3) Nationality: (Example: Japanese)

(4) License: (circle as many as apply)

(1) Medical doctor (M.D.) (2) Dental doctor (D.D.S. / B.D.S.) (3) Nurse (R.N.) (4) Hygienist (P.H.N.) (5) Midwife (M.W.) (6) Medical technologist (M.T.)

(7) No license/Other License (Other license: 　　　　　　　　　　　)

(5) Contact Information (We will send materials to you by mail using this addresses)

　　Address

　　Tel

　　Email address

Your department and extension number　　　　　　　　　　 (　　 )

The degree-conferring ceremony schedule will be announced after the date has been decided. If you must cancel, please inform the JD & MPH Group immediately.