Confirmation Form for Doctoral Degree’s Recorded Items

This confirmation form is necessary in order to **issue your doctoral degree’s certificate,** once the defense result screening conducted by the faculty meeting of Medical　and Dental Sciences PhD program has been completed. Please fill in this form and submit it to the **JD & MPH Unit** along with the rest of your 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: (Please circle all that 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 the materials to you by mail using this address)

　　Address

　　Tel

　　Email address

Your department and extension number: University of Chile and TMDU Joint Degree Doctoral Program in Medical Sciences with mention of a medical specialty (4678)

The degree-conferring ceremony schedule will be announced once the date has been set. In case you must cancel your participation, please inform the JD & MPH Unit immediately.