

«Special Selection Group Applicants»

Process of Filling out the Personal History

Applicant

1. Fill out "Personal History"
2. Print out the form
3. Handwrite your signature
4. Convert it into PDF file
5. Send it to your prospective supervisor by email



Prospective Supervisor

6. Print out the PDF file sent by email from the applicant
7. Sign and attach the seal on the printed "Personal History"
8. Convert it into PDF file
9. Send it back to the applicant by email



10. Print out the "Personal History" which has signature and seal of your prospective supervisor
11. Handwrite your signature on the "Personal History" next to your previous signature
12. Send "Personal History" with other required documents to International Exchange Section by postal mail

*Applicants of Special Selection Group also need a copy of an e-mail from your supervisor saying he or she is agrees to be your supervisor.

PERSONAL HISTORY 履歴書

Please Note: Items with "※" mark are for office use only 記入しないこと。

Tokyo Medical and Dental University 東京医科歯科大学

(★1) 記入上の注意 (Instructions)	1. The application should be typed if possible, or neatly handwritten in block letters. 明瞭に記入すること。	5. If the space of the personal history is not sufficient for the information required, please use a separate sheet and attach it to this document. 欄に書ききれない場合には、適当な別紙に記入して添付すること。
	2. Numbers should be in Arabic numerals. 数字は算用数字を用いること。	
	3. Years should be written using the Anno Domini system. 年号はすべて西暦とすること。	
	4. Proper nouns should be written in full and not abbreviated. 固有名詞はすべて正式な名称とし、一切省略しないこと。	

* Personal data entered in this application may only be used for Tokyo Medical and Dental University. 本申請書に記載された個人情報については、東京医科歯科大学以外では使用しない。

Application No. 受験番号 (Official Use):	※	Application division 申請区分	<input checked="" type="checkbox"/> Special Selection 特別選抜枠	<input type="checkbox"/> General Participant 一般枠
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Put a checkmark next to the graduate program and matriculation period which you wish to enter. Also please enter department and course information. Signature of Supervisor with his or her seal
志望する専攻・入学時期をチェックすること ※Special Selection Participant Only ISP特別選抜枠のみ 指導教員氏名及び印 ※Special Selection Participant Only ISP特別選抜枠のみ

Graduate School of Medical and Dental Sciences 医歯学総合研究科		Division 講座名
Doctoral Program 博士課程	Matriculation Period 入学時期	Golobal Education
<input checked="" type="checkbox"/> Medical and Dental Science 医歯学系専攻	<input checked="" type="checkbox"/> April / 2016	Department 分野名
<input type="checkbox"/> Life Science and Technology 生命理工学系専攻	<input type="checkbox"/> October / 2016	Department of Biochemistry

Family Name 姓		First Name 名	Middle Name ミドルネーム	Date of Birth: 生年月日	Year 年	Month 月	Day 日	年齢(2016年4月1日現在) Age (as of April 1, 2016)	Sex 性別
Name of Applicant 申請者氏名		鈴木	太郎		1988	12	1	(26)歳	<input checked="" type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
In Roman Alphabet (アルファベット): as on Passport		Suzuki	Taro	Place of Birth 出身地		Nationality 国籍			
Katakana (カタカナ):		スズキ	タロウ	Tokyo, Japan		Japanese			
Kanji (漢字; If applicable):		鈴木	太郎						

License 資格等 (Medical License, etc.) Date obtained 取得日 (Year, Month, Day)	Visa Status in Japan 在留資格 (residents only 日本在住の場合)	Honors and Awards 賞罰
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Current Address 現住所	Official contact address (If different from current address) 出願に関する通知、連絡先 (現住所と異なる場合)
1-2-345 Yushima, Bunkyo-ku Tokyo, Japan	
Postal Code 郵便番号: 123-4321	Postal Code 郵便番号:
TEL: 03-1234-5678	TEL:
E-mail: kokusai@abc.abc	

Address in your Home Country 本国における住所(帰国先の住所)	Guarantor or Supporter in Japan 日本における身元保証人
1-1-1 Shinanomachi, Shinjuku-ku, Tokyo, Japan	Name 氏名:
TEL: 03-1111-1111	Relation to you 本人との関係
Name of householder 世帯主氏名 Suzuki Jiro	Address 住所: 〒
Relation to you 志願者との続柄: Father	TEL:

Current school or company 志望時の在学学校または勤務先、職業名	Qualification for application (Name of Univ. you most recently attended) 出願資格(出身大学名)
Place of enrollment or employment 名称:	University/Faculty/Department 大学/学部/学科
Kokusai University	Graduate School (Master's・Doctor's) 大学院(修士・博士)
Position 身分: Research Assistant	Kokusai Medical University (Master's Degree)
	Date of graduation
	Year 年
	Month 月
	2014
	3
	<input checked="" type="checkbox"/> Graduated 卒業・修了
	<input type="checkbox"/> Expected 見込

(★2) List below in chronological order all schools (beginning with primary) you have attended, including the school you may be attending now. 小学校以上の全ての学歴を順次記入して下さい。現在在学中の学校も含めます。													
Classification 区分	Name 学校名	Address 所在地 (City & State or Country)	Regular Period 標準修業年限		From			To			Period of Study 在学期間		Degree & Major 学位・専攻科目
			Year 年	Month 月	Year 年	Month 月	Day 日	Year 年	Month 月	Day 日	Year 年	Month 月	
Elementary School 小学校	Kokusai Primary School (Shinjuku-ku, Tokyo, Japan)		6	0	1995	4	1	2000	3	31	6	0	Elementary School education
Junior High School 中学校	Kokusai Middle School (Shinjuku-ku, Tokyo, Japan)		3	0	2000	4	1	2003	3	31	3	0	Lower Secondary School education
High School 高等学校	Kokusai High School (Shinjuku-ku, Tokyo, Japan)		3	0	2003	4	1	2007	3	31	3	0	Upper Secondary School education
University or College (undergraduate level) 大学	Kokusai University (Shinjuku-ku, Tokyo, Japan)		4	0	2007	4	1	2011	3	31	4	0	Bachelor's Degree in Sciences (Biochemistry)
University or College (graduate level) 大学院	Kokusai Medical University (Shinjuku-ku, Tokyo, Japan)		3	0	2011	4	1	2014	3	31	3	0	Master's Degree in Sciences (Biochemistry)
Total Years in Education 通算 修学年数 (Year年Month月)										19		0	
Other School attended その他													

Name 勤務先	Position 身分	Address 所在地 (City & State or Country)	From			To			Period of Employment 勤務期間		Type of work 職務内容
			Year 年	Month 月	Day 日	Year 年	Month 月	Day 日	Year 年	Month 月	
Kokusai University	Research Assistant	(Ikebukuro, Toshima-ku, Tokyo)	2012	12	25	2013	12	31	1	0	

(★3)

I hereby declare all information contained in this application to be true and correct to the best of my knowledge.



I understand that the application and other materials will not be returned to me under any circumstances.

上記の通り相違ありません。

またいかなる理由によっても、提出した一切の書類の返却を求めません。

Please note: This application cannot be processed without your signature. Failure to submit complete and accurate information may result in denial of this application or dismissal from the University.

出願者の署名がない申請書は、処理されません。正確かつ完全な情報の提供がなされない場合には、申請書受付の拒否又は退学を命ずる場合があります。

3  11 

Signature 署名

Date 日付 16.1.2015

30.1.2015

To submit the form:

1. After filling out all of the items on the form, including your signature, please convert the form into a PDF and send it via email to your prospective supervisor. Please also ask your prospective supervisor to put his or her signature in the appropriate place and affix his or her personal seal on the form, and return the completed, signed PDF application form back to you via email. The signature shows that the supervisor is willing to accept you into the department if you pass the ISP International Student PhD Program Special Selection entrance exam, which will be held on August 28, 2015.
2. After you receive the PDF from the prospective supervisor, please check to make sure his or her signature and seal appear on the application form.
3. Next, please submit the signed PDF version of the application form and the original Excel file version of the "Personal History" (it has the information that appears on the PDF, but does not have the signatures) to the International Exchange Section.