

Application for International Exchange/Visiting Students to Science Tokyo

*All Science Tokyo International Exchange/Visiting Students must submit this application.

*Before filling out this form, please make sure to contact [Yushima International Exchange Support Group \(exchange.y.gedu@adm.isct.ac.jp\)](mailto:exchange.y.gedu@adm.isct.ac.jp) through your university coordinator or administrative staff. Do not fill out this form without prior contact.

*This form is only for Medical and Dental Students. Application Schedule is available on the website below.

https://www.tmd.ac.jp/english/international/prospective/International_Visiting_Student

* 必須

Entry Number

Entry Number is required to complete this form. The Entry Number will be assigned to each student through your university coordinator or staff.

1. 1. Enter your Entry Number *

Please select one of the following options

2. Is this a new application or a modification of an existing application? *

New application

Modification of existing application

Personal information

3. Family (last) name *

In English as written on your passport. *Please fill in all capital letters.

4. First (given) name *

In English as written on your passport. *Please fill in all capital letters.

5. Middle name

In English as written on your passport. *Please fill in all capital letters.

6. Date of birth *

7. Gender *

Female

Male

Other

8. Nationality *

9. Country/Region of residence *

10. Postal / zip code *

For your current mailing address

11. Address *

List your current mailing address

12. Phone number (Including country and area codes) *

13. Email address *

14. University or research institution where you are enrolled *

15. Degree program you are currently in *

- Undergraduate
- Postgraduate (Master's)
- Postgraduate (PhD)

16. Academic year at the time of visit *

Please indicate your current year of study. For example, if you are in the 6th year of medical school, please enter "6".

17. Expected graduation *

18. Major(s) / Field(s) of study *

19. Have you (or your students) already obtained your (their) medical or dental licenses? *

- Yes
- No

20. Scholarship for this program *

Are you planning to receive a scholarship for this visit to our university?

Yes

No

21. Scholarship for this program *

Where is the scholarship provided from? (e.g., your university, your country, etc.)

22. Scholarship for this program *

Please provide the official name of the scholarship.

23. Obligation for Science Tokyo faculty to evaluate visiting students *

Do our supervisors or professors of Science Tokyo need to evaluate you (or your students)? If Yes, please make sure to send us the evaluation form format by email in advance. Science Tokyo does not provide a format.

Yes

No

24. Will you earn credits at your university by participating in this program? *

Yes

No

25. Language(s) spoken *

	Fluent	Good	Fair	Poor
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency contact details

Please provide your emergency contact details here.

26. Full name *

27. Relationship *

28. Mailing address *

29. Phone number (Including country and area codes)

30. Email *

Purpose of visit to Science Tokyo

31. What is the purpose of your visit to our university? *

- Clinical Elective in Medicine (available only from October to March)
- Clinical Elective in Dentistry
- Research

Clinical Elective in Medicine

Indicate, in order of preference, up to three departments in which you would like to complete the Clinical Elective. Refer to the following link and fill in the "Department Code" and the name of the Department where indicated: (<https://www>) and fill in the "Department Code" and "Department Name".

* Science Tokyo medical rotations/clinical observerships are structured as either 2-week or 4-week programs between October and March.

* **Tuition Fee**

For visits of 8 days or longer, the tuition fee is 29,700 JPY per month (Excluding partner universities granted tuition waivers). If the stay spans multiple months, you will need to pay the tuition fee for each month (For example, if the stay is from January 31 to March 1, which spans three months, you will be required to pay the tuition fee for three months (29,700 × 3)).

32. Preferred duration of Elective *

The duration is up to a maximum of 4 weeks. Please note that hospital schedules may not be able to accommodate your preferred Elective period.

2 weeks

4 weeks

33. Preferred date of visit (first choice) *

* Elective rotations generally start on Mondays. However, if Monday is a public holiday, the rotation will begin the following day.

34. Preferred date of visit (second choice) *

* Elective rotations generally start on Mondays. However, if Monday is a public holiday, the rotation will begin the following day.

35. Preferred date of visit (third choice) *

* Elective rotations generally start on Mondays. However, if Monday is a public holiday, the rotation will begin the following day.

36. Department code (first choice) *

Reference:

37. Department name (first choice) *

Reference:

38. Describe why you wish to visit the Department of your first choice and how it relates to your major or field of study. *

39. Department code (second choice) *

Reference:

40. Department name (second choice) *

Reference:

41. Describe why you wish to visit the Department of your second choice and how it relates to your major or field of study. *

42. Department code (third choice) *

Reference:

43. Department name (third choice) *

Reference:

44. Describe why you wish to visit the Department of your third choice and how it relates to your major or field of study. *

Clinical Elective in Dentistry

* **Tuition Fee**

For visits of 8 days or longer, the tuition fee is 29,700 JPY per month (Excluding partner universities granted tuition waivers). If the stay spans multiple months, you will need to pay the tuition fee for each month (For example, if the stay is from January 31 to March 1, which spans three months, you will be required to pay the tuition fee for three months (29,700 × 3)).

45. Reason for applying to Institute of Science Tokyo *

Please describe your reasons for applying to Science Tokyo and how the program would relate to your major or field of study.

Research

* **Tuition Fee**

For visits of 8 days or longer, the tuition fee is 29,700 JPY per month (Excluding partner universities granted tuition waivers). If the stay spans multiple months, you will need to pay the tuition fee for each month (For example, if the stay is from January 31 to March 1, which spans three months, you will be required to pay the tuition fee for three months (29,700 × 3)).

46. Have you obtained approval for your application from your academic supervisor at Science Tokyo? *

Yes

No

47. Name of Department and supervisor at Science Tokyo *

48. Preferred duration of visit *

If you wish to apply for a 2-week program, please write "2." For a 1-month program, please write "4" (meaning 4 weeks).

値は数値にする必要があります

49. Intended start date for research agreed upon by the host department. *

50. Desired Department name *

Please refer to the Research Projects Booklet and accurately enter the names of your preferred departments. You may list up to three departments, in order of preference.

51. Preferred duration of visit *

If you wish to apply for a 2-week program, please write "2." For a 1-month program, please write "4" (meaning 4 weeks).

値は数値にする必要があります

52. Desired dates of visit *

The start date is generally on a Monday.

Liability Insurance

53. Insurance *

You need to purchase insurance upon arrival at Science Tokyo. It is necessary to enroll in the Course A of "Personal Accident Insurance (Gakkensai)" and the Course C of "Liability Insurance coupled with Gakkensai (Futaibaiseki)". The cost is approximately 2,000 JPY (1,150 JPY plus a commission fee). The insurance fee must be paid on the first day at Science Tokyo. If you agree to enroll, Science Tokyo personnel will begin the necessary arrangements.

Please refer to our website for details about the insurance coverage

(https://www.tmd.ac.jp/english/international/prospective/International_Visiting_Student/).

Yes, I confirm.

No

Short-Term Stay Visa

International students are required to obtain a short-stay visa if their period of stay in Japan is 90 days or less. However, depending on your nationality/region of residence, you may be exempt from applying a short-term stay visa. Please first check the website of the Ministry of Foreign Affairs or consult the Japanese Embassy or Consulate in your country/ region of residence to see if you are eligible for the visa exemption (https://www.mofa.go.jp/j_info/visit/visa/short/novisa.html).

54. Do you need to apply a short-stay visa? *

Yes

No

55. Do you need any documents for applying visa from our university? *

If you are not eligible for a visa exemption, you will need to apply for a visa. Should you require documents from the host institution (our university), such as an invitation letter, please let us know in advance. Please refer to the following site (https://www.mofa.go.jp/j_info/visit/visa/index.html).

Yes

No

56. If your answer to Question 58 is "Yes," please provide the name of the required document. Additionally, please submit the required format along with your CV and other documents. *

Please make sure to read the following agreement before submitting the form.

57. Science Tokyo Confidentiality Agreement

Acknowledgment

I agree to be bound by this confidentiality agreement and to take all reasonable, necessary, and appropriate steps to safeguard all information obtained during my participation in the Exchange Program, except in cases where consent is obtained beforehand from Science Tokyo to disclose (including, disseminating or publishing research results or information included in the research), either in full or in part, such information to a third party and the policies listed below. I understand that violation of this agreement may subject me to possible legal action.

These policies require that:

- I must protect the confidentiality, integrity and availability of Science Tokyo's information. I may not share Science Tokyo information or access with any unauthorized individual, whether internal or external to Science Tokyo.*
- I must safeguard any physical key, ID card or computer, network account that enables access to Science Tokyo information. I may not facilitate another's illegal access to Science Tokyo's administrative systems or compromise the integrity of the systems information by sharing passwords, or other access information or devices.*

58. Please check all the boxes to confirm that you have reviewed and agreed to all the terms. *

2 個のオプションを選択してください。

I certify that I have read and agree to the above " Science Tokyo Confidentiality Agreement."

I confirm that there are no errors in the submitted application.

Other information

59. I agree that Institute of Science Tokyo may use photographs or video recordings that include the students for its website or other future public relations purposes. *

Yes

No

60. I agree that Institute of Science Tokyo may send notifications about our university-related events that may be of interest to you to your personal email address during the next academic year. *

Yes

No

61. Other information

If you have any additional information, please provide it here.

このコンテンツは Microsoft によって作成または承認されたものではありません。送信したデータはフォームの所有者に送信されます。