

International Exchange/Visiting Students Entry Form

This is the Entry Form for Medical and Dental students who wish to visit Science Tokyo during the semester listed below.

** The Entry Form must be completed by a university coordinator or student support personnel, not by the student.*

** For international Exchange/Visiting students in the fields of medicine and dentistry, please refer to our website.*

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

* 必須

Semester currently open for entry

Spring Semester of 2026 (April 2026 - September 2026)

NOTE

Please confirm that you have read and agreed to the following terms before submitting an Entry Form.

1. This Entry Form is for preliminary entry registration, and an application process (submission of an Application Form and required documents) will follow. After submitting the Application Form, a selection process will be conducted, and the coordinator or student support personnel will be notified of the results. *

I understand.

2. This form is intended to pre-register students who wish to visit Science Tokyo during the semester listed above. If a visit during a different semester is preferred, please check the application schedule on the Science Tokyo website. *

I understand.

3. This form must be filled out and submitted by a university coordinator or student support staff, not by a student. *

I understand.

General Information

4. University name *

5. Partner university / Non-partner university *

- Partner university
- Non-partner university

6. Country/region where the university is located *

7. Number of students that will apply *

Due to the selection process, not all students who apply can be accepted.

値は数値にする必要があります

8. Degree program your students are currently in *

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

9. Academic year at the time of visit *

For example, for a student in the 6th year of medical school, please enter "6".

10. Major(s) / Field(s) of Study *

11. Have your students already obtained medical or dental licenses? *

Yes

No

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

Do our supervisors or faculty members of Science Tokyo need to evaluate 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

13. JASSO Scholarship *

Students from partner universities who are participating in a program lasting 8 days or more may be eligible for the JASSO Scholarship. Please refer to our website. <https://www.tmd.ac.jp/english/international/prospective/International_Visiting_Student>

Do you wish to apply for the scholarship for your students? (If you are not eligible for the scholarship, please select "No.")

Yes

No / Not partner university

14. Purpose of visit to Science Tokyo *

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

Clinical Elective in Dentistry

Research

Research and other purposes

***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)).

22. 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

23. Preferred date of visit (first choice) *

The start date is generally set on a Monday.

24. Preferred date of visit (second choice)

The start date is generally set on a Monday.

25. Preferred date of visit (third choice)

The start date is generally set on a Monday.

Contact person's information

26. Name of the university coordinator or student support personnel (last name, first name) *

27. Title held by university coordinator or student support personnel *

28. Email of university coordinator or student support personnel *

Important notes

Please review the following and indicate that you have understood each point.

29. I understand that no credit will be given to students participating through this program. *

Yes

No

30. I will check the email sent after this Entry Form is submitted and complete or ask the student(s) to complete the Application Form as well as submit the required documents. *

Yes

No

Other information

31. Other information

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