

2018 Graduate School of Medicine, Kansai Medical University

Application Form for Eligibility Evaluation

Date:

To the president of the Kansai Medical University

Applicant

Preferred Department ( )

Name:

seal

Date of birth:

Address: 〒

Phone: ( ) -

I hereby apply for the Application Eligibility Evaluation with the following documents.

1. Resume (specified form): Complete description of academic and job history from the enrollment of elementary school
2. Certificates of final academic background: Diploma, School transcript
3. Research activities of the applicant: Research activities after college (university) graduation or at a laboratory (including achievement lists)
4. Certificate of employment (school) tenure: To be certified by the representative
5. Research achievements of the institute where the applicant belongs: Annual reports of the institution, academic society report, etc.

(Specified format for 1, optional form other than those.)