Kansai Medical University, Graduate School of Medicine, Doctoral Program 2025

Application Form for Eligibility Screening

Date: / / (yyyy/mm/dd)

To the President of the Kansai Medical University

|  |  |
| --- | --- |
| Preferred Research Field |  |
| Applicant Name  (Signature) |  |
| Date of birth | / / (yyyy/mm/dd) |
| Address |  |
| Phone number |  |
| E-Mail |  |

I hereby apply for the eligibility screening with the following documents.

1. Application form for eligibility screening (this form)

2. Application form (specified form, Form A-1, A-2)

3. Statement of purpose for application (specified form)

4. Photograph: Attach it to the above “1. Application form”.

5. Graduation certificate

6. Certificate of completion: Only for applicants who have completed a doctoral or master’s program

7. Transcripts of final education

8. Certificate of employment or attendance

9. Copy of medical license: Only for applicants who are licensed physicians

10. Documents proving clinical experience: Only for applicants with clinical experience

11. Abstract of your thesis of your previous course

12. Copy of your thesis

\*Please check the list of application documents for more details.