

**(Form A-1)**

Applicant No. (Do not write)

**Application form for the Doctoral Program,  
Graduate School of Medicine, Kansai Medical University (April 2026 Admission)**

Preferred research field	Division of Medicine				
	Research field				
	Supervising professor		(Name) (Signature or seal)		
Applicant's information					
Name	Surname		Gender		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Photo (4cm×3cm)             Taken within the last 3 months prior to application date. Write your name on the backside.             Refer to the following URL for other requirements.  <a href="https://www.isa.go.jp/en/applications/guide/photo_info.html">https://www.isa.go.jp/en/applications/guide/photo_info.html</a> </div>
	Given name		Nationality		
	Middle name		Marital Status	Single / Married	
Date of birth	Year	Month	Date	(Age )	
Contact address	Postal code				
	Address				
	Home phone		Mobile phone		
	E-mail				
Place of work	Name				
	Postal code				
	Address				
	Phone	(extension )			
Past entry into / departure from Japan	Number of times		Period	(From) yyyy/mm/dd ~ (To) yyyy/mm/dd (Purpose)	
			*List from your most recent visits.	(From) yyyy/mm/dd ~ (To) yyyy/mm/dd (Purpose)	
Application eligibility	Place check boxes that apply to you by referring to the sheet "Doctoral Program Application Eligibility".				
	I meet the following requirements (1) <input type="checkbox"/> (2) <input type="checkbox"/>				
Emergency contact in home country	Name				
	Relationship to the applicant		Occupation		
	Postal code				
	Address				
	Phone		E-mail		

I hereby apply for the Doctoral Program, Graduate School of Medicine, Kansai Medical University with specified documents.

Year

Month

Date

Name  
(Signature)

**To the president of Kansai Medical University**