Doctoral Program 2027, Graduate School of Medicine, Kansai Medical University
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)
Home 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: attached on the “Application Form A-1”.
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 enrollment
9. A copy of medical license: only for applicants who are licensed
10. Documents proving clinical experience: only for applicants with clinical experience
11. Abstract of thesis of the previous course
12. Copies of theses

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