

Application for admission

| | | | | |
|-----------|---------------|--|---------|--|
| Applicant | Nationality | | Address | |
| | Name | | | |
| | Date of birth | | | |

Research subject in the school.

I wish to sit an examination to enter the graduate school of Nara Medical University.

Date

To the President, Nara Medical University

Name of applicant

Resume

| | | | | |
|---|------------------|-----------------|------------------|--------|
| Name | | | | Sex |
| Date of birth | | | | M or F |
| Nationality | | Present address | | |
| | | Tel. | | |
| Academic Background (since graduation from senior high school) | Month, day, year | | | |
| | | | | |
| | | | | |
| | | | | |
| License | Type | (number) | Month, day, year | |
| Degree | Type | (number) | Month, day, year | |
| Business career | Month, day, year | | | |
| | | | | |
| | | | | |
| | | | | |
| Awards and reprimands | | | | |

The facts described above are true and accurate.

Date, Name (signature)

Application for the Graduate School of Medicine, Nara Medical University

Health certificate

| | | | | | | |
|---|-------|----------------------|------------|--|--------------------|--|
| Name, Date of birth | | Male or Female | Graduation | | | |
| Present address | | | | | | |
| Matters for examination | | | | | | |
| Visual acuity | Left | () | X-ray | Radiographic findings | | |
| | Right | () | | Direct (date) | Indirect (date) | |
| Hearing | Left | | | Healthy ▪ requires observation ▪ requires treatment | | |
| | Right | | | | | |
| Other special remarks | | | | | | |
| Diagnosis of doctor : | | | | | | |
| I hereby certify that the above diagnosis is true and accurate. Date of examination: Address: Name of clinic: Name of doctor: | | | | | | |

Please seal the medical certificate tightly.

| | |
|-----------|--|
| Attention | The health examination should be performed within three months of the application. |
|-----------|--|

Guarantor for Applicant

To the President of Nara Medical University

Nationality:

Name:

Date of birth:

I guarantee the items described below regarding the above applicant if he/she successfully enters your graduate school.

- (1) I will ensure that the applicant follows the rules of Nara Medical University.
- (2) I will assist the applicant in all matters to the best of my ability while he/she is a student.
- (3) I will bear the cost of school-related/other fees when the applicant is unable to pay them.
bear a school fee and the others when the applicant is unable to pay them.
- (4) I will lead and advise the applicant in life outside of school.

Date

Guarantor

Address

Name

Signature

Tel.

Occupation

Relationship to the applicant

Curriculum Vitae

| | | | |
|----------------------------|------|-------|---|
| Nationality | | | |
| Present Address | | | |
| Full Name Date of Birth | | | |
| | Year | Month | Start from the graduation of high school to the present |
| Educational Background | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Employment Record | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Awards / Punishment | | | |

I declare that the information given on this statement is true and correct in every detail.

Signature

Month/Day/Year

Examinee's Card

| | |
|---|---------------------|
| Examinee's Number | |
| Full Name | |
| | Specialized Subject |
| 1st Choice | |
| 2nd Choice | |
| Examination in English | |
| Put this card on the table during the examination | |

Photograph Card

| | |
|--|--|
| Examinee's Number | |
| Full Name | |
| <p>A photograph of the applicant (full face, hatless, above the waist, 4 cm high, 3 cm wide, taken less than three months before the date of application) should be affixed to the designated place on the form.</p> | |

Card

(Attention)

1. Please write down the address to which successful candidate notification should be sent.
2. Don't write within the box containing ⌘.