**202５ Academic Year, Application Form for Graduate School**

 **of Medical Research, ( Master’s Course) Shimane University**

|  |  |  |  |
| --- | --- | --- | --- |
| Category | １ entrance examination(recommendation)２ entrance examination (regular)３ entrance examination (working adults) | Examinee. No. | ※ |
| Course | １ Medical Research Course２ Oncology Pharmacy Course３ Coordinator Course for Community Medicine４ Instructor Course of Medical Simulation | Supervisor |
|  |
| Name |  | gender | Male　・　Female |
| Date of Birth | YY MM DD | Age | 　　　　 |
| Qualificationsfor application | 　YY MM 　　　 　　　 Uni. Faculty Dept. grad. (exp.) |
| （other than the above） |
| Applicant’scontact details(address) | postcode　　　－ |
| landline | （　　　　　　） 　－ |
| mobile phone | －　　　　－ |
| E-mail |  |
| Emergency contact details | Name |  | Relation |  | Tel. | （　　　　）－ |

(Attention)

1. Please write your age as at April 1st, 202５.
2. Please use a black ballpoint pen and write in print form.
3. Please circle the appropriate number for your chosen category.
4. Please complete the details of your contact information, including apartment name.
5. Please complete your personal history details on the reverse side.
6. Please do not write in the column containing ※.

|  |  |  |
| --- | --- | --- |
|  | Name |  |
| Personal History |
| Category | Year Month | Description |
| Enter details of your educational background starting with entry into upper secondary school. |  |  |
| Enter details of your work experiences and research history. |  |  |
| Rewards or Punishments |  |

**Graduate School of Medical Research, (Master’s Course) Shimane University**

**Personal Statement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Supervisor |  | Examinee No. | ※ |
| 1. Describe ①your motives for application and ②give a summary of the expertise you have gained through higher education or work experience.
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(Attention) Please do not write in the column containing ※.

You can write on the back if necessary.

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Letter of Recommendation

YY MM DD

Dean of the Graduate School of Medical Research at Shimane University

Address

 　　　 Name of university / place of employment

 Head of university / place of employment

　I acknowledge that the following person is suitable for education at your institution and recommend that he / she be accepted into the Master’s Course of Medical Research at

Shimane University Graduate School.

　Ｎａｍｅ

　Reasons for recommendation including eligibility for acceptance

(academic and professional achievements, character inc.)

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**202５ Academic year, Admission ticket to Examination** **for Graduate**

**School of Medical Research, (Master’s Course) Shimane University**

|  |  |
| --- | --- |
| Examinee No. | ※ |
| Name |  |
| Course | （Please choose and circle any number.）１ Medical Research Course２ Oncology Pharmacy Course３ Coordinator Course for Community Medicine４ Instructor Course of Medical Simulation |
| Examination Hall: Faculty of Medicine, Shimane University (Izumo Campus) |

(Attention)

1. Please do not write in the column containing ※.

2. Please display your examination admission card in the upper-right corner of the desk.

3. In the case of loss of your examination admission card, please report it immediately.

 Please do not detach

**202５ Academic year, Photo ticket to Examination** **for Graduate**

**School of Medical Research, (Master’s Course) Shimane University**

|  |  |  |  |
| --- | --- | --- | --- |
| Examinee No. | ※ |

|  |
| --- |
| Photo4 cm in length, 3 cm in width. Please attach photo using glue. |

 |
| Name |  |
| Course | （Please choose and circle any number.）１ Medical Research Course２ Oncology Pharmacy Course３ Coordinator Course for Community Medicine４ Instructor Course of Medical Simulation |

(Attention) Please do not write in the column containing ※.