

Kansai Medical University, Graduate School of Medicine, Doctoral Program 2024
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.