

The list of application documents (Doctoral Program, Graduate School of Medicine, Kansai Medical University)

No.	Required documents	For eligibility screening	For application	Note
1	Application form for eligibility screening	◎		
2	Application form (Form A-1, A-2)	◎	◎	Fill out the dedicated form. On the back side of the application form, please fill in your personal history from the time you entered high school to the present without omissions, according to the year. *Before applying, it's required to have a contact with the professor of your preferred research field. In order to contact the professor, please contact with the Office of Graduate School (gradumed@hirakata.kmu.ac.jp).
3	Agreement for Defraying Expenses		◎	Ask the person who will defray the costs and expenses in the event of your entry to and during your period of residence in Japan.
4	Passport		◎	Copy of the photo page of applicant's passport.
5	Statement of purposes for application	◎	◎	Write a 800-1200 word (in Japanese) or 500-750 (in English) word essay (A4 size). The essay should cover the following topics: •Educational background (mention your degree, specialization, and present field of study). •Why do you wish to apply at Kansai Medical University (mention the research you wish to carry out and why)? •What is your plan after graduation (mention your ultimate goals of your research in our university, future career plan, dream, and aspiration)?
6	TOEFL iBT Score		◎	The result must be within two years prior to the date of application. *If you are unable to submit the scores by the application deadline due to the language exam date, please contact with the Office of Graduate School immediately.
7	Recommendation letter		◎	A letter of recommendation written in English by President and / or at the level of the dean and / or supervising professor of the graduate school of your university. Address to the President of Kansai Medical University. Format at applicant's discretion.
8	Photograph	◎	◎	Must have been taken within the last three months, and the dimension of the face is measured from the top of your head (including your hair) to the tip of your chin. The applicant must face the camera and cannot wear a hat. Length 4cm x width 3cm. Write your name on the back, and attach it to the designated section of the above application form. Refer to the following URL for more details. https://www.isa.go.jp/en/applications/guide/photo_info.html
9	Application fee		◎	Please transfer application fee, 5,000 JPY, to the following account during the application period, October 15, 2024 to November 22 2024. At the time of money transfer, please be aware that the money transfer fees will have to be covered by the applicant. Bank Name Resona Bank,Ltd. Branch MORIGUCHI Account number 4667068 Beneficiary's Name KANSAI MEDICAL UNIVERSITY Beneficiary'sAddress 2-5-1 Shin-machi, Hirakata City, Osaka 573-1010 Telephone Number +81-72-804-0101 (BIC (SWIFT CODE)) DIWAJPJT *Please put "INND" at the beginning of the transfer requester name. (Example) "INND Kansai Taro"
10	Graduation certificate	◎	◎	
11	Certificate of completion	○	○	Applicants who have completed a doctoral course or a master's program should submit this form.
12	Transcripts	◎	◎	Transcripts of final education.
13	Certificate of employment or attendance	◎		If you are currently working, please submit "certificate of employment". If student, please submit "certificate of attendance".
14	Copy of medical license	○	○	Applicants who are licensed physicians should submit this form.
15	Documents proving clinical experience	○	○	Applicants with clinical experience should submit these documents.
16	Abstract of your thesis of your previous course	○	○	Submit an abstract of your thesis or paper. Should you have any inquiries please ask the Office of Graduate School.
17	Copy of your thesis	○	○	Several major items.

Documents which have "◎" must be submitted, and documents which have "○" are required to be submitted only if applicable.