※受験番号Examinee No.

山梨大学大学院医工農学総合教育部博士課程 入学試験出願資格審査願

Integrated Graduate School of Medicine, Engineering, and Agricultural Sciences Doctoral Course

Examination Form for the Approval of Application Requirements

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 氏名（ローマ字）  Full Name in Roman Block Capitals | | | フリガナ | | | | | | | | | | | | |
| （FAMILY） 　　 　　　　 　 (MIDDLE) 　　　　　　　 (FIRST) | | | | | | | | | | | | |
| 氏名（自国語）  Name in Native Language | | |  | | | | | | | | | | 年齢  Age |  | |
| 生年月日  Date of Birth | | | 年(Year) 　　　月(Month)　　　　日(Day) | | | | | | | 国　　籍  Nationality | | |  | | |
| 希望する専攻及びコース  Major and Course | | |  | | | | | | | 希望する指導教員  Academic Advisor | | |  | | |
| 出願区分  Application division  (Circle one) | | | General Selection/ Special Selection for Adult Students /Special Selection for International Students | | | | | | | | | | | | |
| First Call for Application | | | | October 2022 | | | | April 2023 | | | | |
| Second Call for Application | | | | April 2023 | | | | October 2023 | | | | |
| 連絡先  Contact Information | | | TEL：  E-mail： | | | | | | | | | | | | |
| 学歴　Educational background | | | | | | | | | | | | | | | |
|  | | 入学及び卒業年月  Year and Month of Entrance and Completion | | | | | | 正規の修学年数  Required Term of Study | 学校名及び所在地  Name and Address of School | | | | | | 学位・資格  Diploma or  Degree awarded |
| 初等教育  Elementary Education  小学校  Elementary School | | 入学  From  卒業  To | | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | | 年  (years) | 学校名  Name  所在地  Location | | | | | |  |
| 中等教育  Secondary Education  中学校  Lower Secondary School | | 入学  From  卒業  To | | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | | 年  (years) | 学校名  Name  所在地  Location | | | | | |  |
| 高校  Upper Secondary School | | 入学  From  卒業  To | | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | | 年  (years) | 学校名  Name  所在地  Location | | | | | |  |
| 高等教育  Higher Education  大学  Undergraduate Level | | 入学  From  卒業  To | | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | | 年  (years) | 学校名  Name  所在地  Location | | | | | |  |
| 大学院  Graduate Level | | 入学  From  卒業  To | | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | | 年  (years) | 学校名  Name  所在地  Location | | | | | |  |
| 職歴　Occupational History | | | | | | | | | | | | | | | |
| 勤務先及び所在地  Name and address of organization | | | | | 勤務期間  Period of employment | | | | | 役職名  Position | | 職務内容  Type of work | | | |
|  | | | | | From  To | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | |  | |  | | | |
|  | | | | | From  To | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | |  | |  | | | |
|  | | | | | From  To | 年(Year)　　　月(Month)　　　日(Day)  　年(Year)　　　月(Month)　　　日(Day) | | | |  | |  | | | |
| 研究業績等  （できるだけ具体的  に書いてください。）  Research Achievements:  Describe in detail  as completely as  possible. |  | | | | | | | | | | | | | | |
| 免許・資格  Acquisition of Qualification or License |  | | | | | | | | | | | | | | |
| ※1　希望する指導教員名欄：事前打合せを十分行った上、記入してください。  Academic Advisor: Prior to filling in, please consult with your preferred academic advisor and obtain their agreement  about research guidance after admission.  ※2　学歴欄：全ての学歴を記入してください。  Educational background: Overseas students are required to describe the history from elementary education. If you have  attended university or others as a research student, state that period too.  ※3　研究業績等欄：研究業績がある方は記入してください。なお、記入欄が不足した場合は、別用紙を使用し記入してください。  また、「研究業績調書(様式１)」及びその記載の内容を証明する書類（学術論文等の別刷、出版物、学会のプログラム等(コピー可)）を必ず  添付してください。  Research Achievements: The applicants who have research achievements are required to write in this column.  If the blank spaces provided above are insufficient, please use additional sheets as necessary.  The applicants who have research achievements are required to attach the “List of Research Achievements (Form 1)”  as well as the documentations that certify its contents (academic papers, research reports, patents, publications etc.  (copy is approved) to this document. | | | | | | | | | | | | | | | |