

Curriculum Vitae

Number (Univ use only)	Name of applicant given middle family
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Nationality _____ Select your gender: Male/Female

Date of birth (MM DD, YY) _____ (Age _____)

Current address _____

Phone number _____

Email address _____

Educational background (starting from elementary school)

Work history

Honors and prizes (if any)

Research history (if any)

Publication list (if any)

I hereby declare that the above information is true and correct.

Date (MM DD, YY)

Signature

Statement of Purpose

Number (Univ use only)	Name of applicant given middle family
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学 長	研究科長

指導教授

授業料減額制度適用申請書
Application Form for Tuition Fee Reduction

年 月 日
Year Month Day

藤田医科大学長 殿

受験番号 :
Examinee Number :
受験生氏名 :
Full Name :

印

私は、一般大学院生として、週4日以上、藤田医科大学において授業科目を履修し、指導教員の下で自らの研究に専念し、かつ常勤の雇用契約を締結していませんので、藤田医科大学大学院医学研究科学費等減免規程第6条に基づき、授業料減額制度の適用申請をいたします。なお、第7条に該当する事由が発生した場合には、速やかに申告することを誓約いたします。

I hereby pledge to take courses in Doctoral program more than four days per week as a general student, engage to research under being supervised by professor, and not to have any regular employment contracts. I hereby apply for tuition fee reduction in accordance with Article 6 of the Regulation for Reduction of Tuition Fees of Graduate School of Medicine, Fujita Health University. I pledge to report promptly if any of the events listed in Article 7 occur.