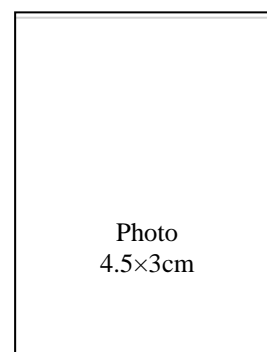


**Application Form for “SUMMER PROGRAM 2011”
Health Bioscience Course
at The University of Tokushima**

**Graduate Program in English
“Global Topics of Interdisciplinary Health Care”**

Application Deadline: June 20, 2011



Name	(Family Name)	(First Name)	(Middle Name)		
Current Address	(Zip Code:)		Gender	(Circle One) Male Female	
Nationality		Date of Birth	(Day/Month/Year)	Age	
Home Phone		Mobile			
E-mail					
Name of University					
Major		School Year	<input type="checkbox"/> Master's Program (year)	<input type="checkbox"/> Doctoral Program (year)	
Please let us know the research field you are interested in or write the name of the professor you want to visit.					
Is there any important information for us to know? (Medical conditions, allergies, physical disabilities, religion, etc.)					

Please notify us of the followings by **July 11, 2011**.

Passport No.		Travel Insurance (*if already obtained)	(Insurance No.)	(Company Name)
Arrival in Japan	(airline, flight #)	(Date)	(arrival time)	
Departure from Japan	(airline, flight #)	(Date)	(flight time)	

NOTICE:

1. Be sure to have a travel insurance by the day when you leave your country.
2. For detail information about this program, please refer to our Program Information.
3. Please e-mail us with this application form to <kasoku@jim.tokushima-u.ac.jp>.

STUDENT DECLARATION

This form must be signed by the applicant or the parent/guardian if the student is under 20.

I declare the signature inscribed below is my signature or the signature of my parent or legal guardian.

Date of Signature: _____ Signature: _____