

**April 2026**  
**APPLICATION FOR ADMISSION**

TOKUSHIMA UNIVERSITY  
GRADUATE SCHOOL OF HEALTH SCIENCE  
DOCTORAL PROGRAM

Instructions:

1. The application should be written in Latin block characters.
2. The numbers should be in Arabic numerals.
3. The year should be written in the Anno Domini system.
4. Proper nouns should be written in full, and not abbreviated.

Photo  
(4cm×3cm)

**1 Name in full:**

In your native language:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Family name) (First name) (Middle name)

In Latin block characters:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Family name) (First name) (Middle name)

**2 Nationality:**

\_\_\_\_\_

**3 Sex:**

☐ Male ☐ Female

**4 Date of birth:**

Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

**5 Age:**

\_\_\_\_\_

**6 Desired College:**

\_\_\_\_\_

**Desired Department:**

\_\_\_\_\_

**7 Name of your prospective academic adviser:**

\_\_\_\_\_

**8 Current status; name of the university being attended, or name of employer:**

\_\_\_\_\_

**9 Current address, e-mail address and Telephone number or Fax number:**

\_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Telephone number or Fax number:** \_\_\_\_\_

**10 Educational background:**

	Name of School	Address of School	Period of attendance month/year	Degree
Elementary School			From to	
Lower and Upper Secondary School			From to	
			From to	
Undergraduate Level			From to	
Graduate Level			From to	

**11 Full-time work experience. Begin with the most recent one, if any:**

Name and address of organization	Period of employment year month	Position	Type of work
	From to		
	From to		
	From To		

**12 Japanese Language background, if any:**

i) Name and address of institution:

\_\_\_\_\_

ii) Period of study:

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
Year Month Year Month

iii) Japanese Language proficiency: Evaluate your standard and fill with an × where appropriate in the following blanks.

	Excellent	Good	Poor
Reading			
Writing			
Speaking			

**13 English Language proficiency:** Evaluate your standard and fill with an × where appropriate in the following blanks.

	Excellent	Good	Poor
Reading			
Writing			
Speaking			

**14 If you have applied for scholarships, give sponsor, month, year, amount, etc.:**

\_\_\_\_\_

**15 Person to be notified in applicant's home country, in case of emergency:**

i) Name in full:

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ii) Address; with Telephone number or Fax number:

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Telephone number or Fax number: 

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iii) Relationship:

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Date of Application:

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Applicant's Signature:

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Applicant's Name; in Latin block characters:

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