[FORM 1]**Kobe University Graduate School of Medicine (Doctoral Course)**

**Application Form for Admission in October 2025**

For international applicants

|  |  |  |  |
| --- | --- | --- | --- |
| \*Examination number:  (Leave this space blank) |  | Paste your photograph  taken within 3 months.  Write your name and  nationality in block letters  on the back of the photo.  (4.5×6.0cm) | |
| INSTRUCTIONS  １．The application should be typewritten or handwritten in Roman block letters.  ２．Numbers should be Arabic numerals.  ３．Years should be written using the Anno Domini system.  ４．Proper nouns should be written in full, and should not be abbreviated.  Fill-in Date 　　　, ,  Month, Day , Year | |
|  | |
| １．Name in full  　　In native language  　 ，　 　 ，  　　　　　　　 Family name　　　　　 First name　　　　　 Middle name  　　In Roman block  　　 ， 　　 ，  　　　　　　　 Family name　　　　　 First name　　　　　 Middle name  　　Pronunciation (Japanese KATAKANA or HIRAGANA) | | | (Sex)  □Male  □Female |

２．Nationality

３．Date of birth　　　 ， ， ．

　　　　　　Month　　　　 Day　　　　　Year　　　　　　Age

４．Enrollment period October, 2025

５．The division you wish to apply to

　　　　(Division) (Professor)

６．Present address and telephone number, facsimile number, E-mail address

Present Address：

Telephone/Fax number：

E-mail address：

７．Person to be notified in applicant's home in case of emergency:

Name in full： (Relationship)

Present address：

Telephone/Facsimile number：

E-mail address：

８．Educational background

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Name and Address of School | | Year and Month  of Entrance  and Completion | Period of  Schooling you  have received | | Diploma or  Degree awarded Major subject | |
| Elementary Education  Elementary School | Name  Location | | From  To | yrs  　　　and  　　　　 mos | |  | |
| Secondary Education  Lower Secondary  School | Name  Location | | From  To | yrs  　　　　and  　　　　 mos | |  | |
| Upper Secondary  School | Name  Location | | From  To | yrs  　　　and  　　　　 mos | |  | |
| Higher Education  Undergraduate Level | Name  Location | | From  To | yrs  　　　and  　　　　 mos | |  | |
| Graduate Level | Name  Location | | From    To | yrs  　　　and  　　　　 mos | |  | |
|  |  | Total years of schooling mentioned  above | | | yrs | |  |
|  | | |  | |

＊If you need more space for your educational background, please attach a separate sheet.

９．Present status : with the name of the university attended or of employer.

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

Date

Name

Signature

[FORM 2]

**Examination Slip**

**Kobe University Graduate School of Medicine (Ph.D Course)**

For international applicants

|  |  |
| --- | --- |
| \*Examination number:  (Leave this space blank) | Paste your photograph  taken within 3 months.  Write your name and  nationality in block  letters on the back of  the photo.  (4.5×6.0cm) |
| Name (In native language):  □Male  □Female  Name (In Roman block): |
| Date of birth: |
| Admission: October, 2025 | |
| The division you wish to apply to: | |