[FORM 1]**Kobe University Graduate School of Medicine (Master’s Course)**

**Application Form for Admission in October 2025**

For international applicants

|  |  |  |
| --- | --- | --- |
| \*Examination number: (Leave this space blank) |  | Attach a photograph of you taken within the past 3 months.Write your name andnationality in block capitalson the back of the photo.(6.0×4.5cm) |
| INSTRUCTIONS1. The application should be typewritten or handwritten in block capitals.2. Numbers should be written as Arabic numerals.3. Years should be written using the Anno Domini system (Year, month, date).4. Proper nouns should be written in full, and should not be abbreviated. Fill-in Date : , , 2025  Month, Day, Year |
|  |
| １．Name in full　　In native language 　 ，　 　 ， 　　　　　　　 Family name　　　　　 First name　　　　　 Middle name　　In alphabet (block capitals) 　　 ， 　　 ， 　　　　　　　 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)

　　Contact date : 　　 　　　, 　 ,

 Month　　, Day , 　Year

 Method of contact : 1. In-person interview 2. Online interview (Please circle)

６．Present address and telephone number, fax number, e-mail address

 Present Address：

 Telephone/Fax number：

 E-mail address：

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

Name in full： (Relationship)

Present address：

 Telephone/Fax number：

E-mail address：

８．Educational background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Name and Address of School | Year and Monthof Entrance and Completion | Period ofSchooling received | Diploma or Degree awarded (Major subject) |
|  Elementary Education Elementary School/ Primary School | NameLocation | FromTo  | 　　　　　yrs　　　and　　　months |  |
|  Secondary EducationLower Secondary School | NameLocation | FromTo  | 　　　　　yrs　　　　and　　 months |  |
| Upper Secondary School/ High School | NameLocation | FromTo  | 　　　　　yrs　　　and　　months |  |
|  Higher Education Undergraduate Level | NameLocation | FromTo  | 　　　　　yrs　　　and　　months |  |
| Graduate Level | NameLocation | From To  | 　　　　　yrs　　　and　　　months |  |
|  |  |  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

　　　　　　　　　　　　　　　　　　　　　　　　　（Month , Day ,　Year）

Name

Signature

[FORM 2]　　　　　　　　　　　　　**Examination Slip 1**

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For international applicants

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| \*Examination number: (Leave this space blank) | Attach a photograph of youtaken within the past 3 months.Write your name andnationality in blockcapitals on the back of the photo.(6.0×4.5cm) |
| Name (In native language):  □Male □FemaleName (In alphabet: block capitals):  |
| Date of birth:  |
| Admission: **October 2025** |
| The division you wish to apply to: |
| \* Bring this Examination Slip 1 on the day of the entrance examination.\* Successful applicants are required to submit this slip on the day that entrance procedures are conducted. |

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| [FORM 3]　**Examination Slip 2**

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| \*Examination Number:(Leave this space blank) |
| The division you wish to apply to:  |
| Name:(In alphabet: block capitals) |
| Attach a photograph of youtaken within the past 3 months.Write your name andnationality in blockcapitals on the back of the photo.(6.0×4.5cm) |

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| \*Examination number: (Leave this space blank) |

Applicant’s Statement

|  |  |
| --- | --- |
| Name |  |