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

**Application Form for Admission in April 2026**

For international applicants

|  |  |  |  |
| --- | --- | --- | --- |
| \*Examination number:  (Leave this space blank) |  | Attach a photograph of  you taken within the past  3 months.  Write your name and  nationality in block capitals  on the back of the photo.  (6.0×4.5cm) | |
| INSTRUCTIONS  1. 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 April, 2026

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 Month  of Entrance  and Completion | Period of  Schooling received | | Diploma or  Degree awarded (Major subject) | |
| Elementary Education  Elementary School/  Primary School | Name  Location | | From  To | yrs  　　　and  　　　months | |  | |
| Secondary Education  Lower Secondary  School | Name  Location | | From  To | yrs  　　　　and  　　 months | |  | |
| Upper Secondary  School/  High School | Name  Location | | From  To | yrs  　　　and  　　months | |  | |
| Higher Education  Undergraduate Level | Name  Location | | From  To | yrs  　　　and  　　months | |  | |
| Graduate Level | Name  Location | | 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**

**Kobe University Graduate School of Medicine (Master’s Course)**

For international applicants

|  |  |
| --- | --- |
| \*Examination number:  (Leave this space blank) | Attach a  photograph of you  taken within the past  3 months.  Write your name and  nationality in block  capitals on the back of  the photo.  (6.0×4.5cm) |
| Name (In native language):  □Male  □Female  Name (In alphabet: block capitals): |
| Date of birth: |
| Admission: **April 2026** | |
| 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. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [FORM 3]　**Examination Slip 2**   |  | | --- | | \*Examination Number:  (Leave this space blank) | | The division you wish to apply to: | | Name:  (In alphabet: block capitals) | | Attach a photograph of  you  taken within the past  3 months.  Write your name and  nationality in block  capitals on the back of  the photo.  (6.0×4.5cm) | |

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

Applicant’s Statement

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