

令和____年度福井大学医学系研究科
統合先進医学専攻____コース出願資格審査願
20____ Course, Integrated Advanced Medical Sciences,
Graduate School of Medical Sciences, University of Fukui
Request for Pre-Screening of Eligibility for Application

日付: _____
Date: Year / Month / Day

福井大学長 殿
To: President, University of Fukui

フリガナ
氏 名
Name surname middle name given name

生年月日 年 月 日生
Date of Birth Year Month Day

現住所 〒 —

Current address and post code

TEL () —

指導教員名 Academic Advisers

下記の書類を添えて提出しますので、出願資格の審査をお願いします。

Please check the following documents are attached for pre-screening of eligibility for application.

記

☐ 履歴書

Curriculum Vitae

☐ 最終学校の卒業等の証明書

Certificate of graduation from your last school

(在学中又は中退等の場合は、在学期間及び中退等の事由を記載した証明書並びにその前の学校の卒業証明書)

If you currently attending a school or have dropped out from school, a certificate that shows the period of attendance, the reason for dropping out and a certificate of graduation from your last school also need to be submitted.

☐ 最終学校の成績証明書 (中退等の場合は、その前の学校の成績証明書を含む。)

A transcript of your academic record at your last school (If you have dropped out, a certificate of graduation from the last school you graduated from also need to be submitted)

☐ 最終学校のカリキュラム

A document to show the curriculum at the last school from which you graduated

☐ 研究業績調書

A written record of research achievements

☐ 返信用封筒 (長形3号封筒に志願者の郵便番号、住所、氏名を明記し、110円切手を貼付)

Self-addressed envelope (the applicant's name and address need to be clearly written on a large-size envelope and the cost of postage (an 110yen stamp) attached)