

Graduate School of Veterinary Medicine, Hokkaido University  
Graduate School of Infectious Diseases, Hokkaido University  
Application Form for Entrance Examination for International Students

<b>1. Name</b>				Affix photo taken within the last six months. Photo must include head and upper torso without hat.  Write your name and nationality in block letters on the back of the photo. (approx. 30 mm × 25 mm)	
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span></span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span>(Family Name)</span> <span>(First Name)</span> <span>(Middle Name)</span> </div>					
<b>2. Date of Birth</b>		<b>3. Age (As of April 1, 2024)</b>			
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span></span> <span></span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span>(Year [YYYY])</span> <span>(Month [MM])</span> <span>(Day [DD])</span> </div>					
<b>4. Scholarship &amp; Selection</b> (Please number the following categories according to your preference, 1 being the most and 2 the least. Selecting only 1 preferences is permissible.)					
<input type="checkbox"/> WISE Program Scholarship (Special Selection Quota for International Students) <input type="checkbox"/> Self-Financed (Selection Quota for International Students)					
<b>5. Nationality</b>		<b>6. Sex</b>		<b>7. Marital Status</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married	
<b>8. Prospective Laboratory/Division</b> (select from the list of supervisors and study area/research contents)					
Name of Laboratory/Division					
Name of Professor					
<b>9. Present Status</b> (name of the university attended, institution, or employer)					
Affiliation					
Position					
<b>10. Present Address</b>					
Mailing Address					
E-mail		Phone/Fax			
<b>11. Final Academic Background</b>					
<b>11a. Undergraduate Course</b>					
University		Country			
Major		Bachelor's Degree			
<b>11b. Graduate Course (Master's course)</b>					
University		Country			
Major		Master's Degree			
<b>12. Emergency Contact in the Applicant's Home Country</b>					
Name		Relationship to Applicant			
Mailing Address					
E-mail		Phone/Fax			
<b>13. Desired time of admission</b>					
<input type="checkbox"/> April, 2024					
<b>14. Pledge</b>					
To the Dean, Graduate School of Veterinary Medicine/Graduate School of Infectious Diseases at Hokkaido University I hereby apply for the Special Training Program for "Fostering Leading Researchers to Develop Global Bioresource Platform" with the required documents.  <div style="text-align: right; margin-top: 20px;">           Date of Application: _____            Name of Applicant: _____            Signature: _____         </div>					