Graduate School of Veterinary Medicine, Hokkaido University

Graduate School of Infectious Diseases, Hokkaido University

Application Form for Entrance Examination for International Students

|  |  |
| --- | --- |
| 1. Name | Affix phototaken withinthe 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) |
|  , , (Family Name) (First Name) (Middle Name) |
| 2. Date of Birth | 3. Age (As of April 1, 2026) |
|  / / (Year [YYYY]) (Month [MM]) (Day [DD]) |  |
| 4.Scholarship & Selection **Please select your first and second preferences and write the numbers 1 and 2 inside the brackets [ ]. (You may choose to fill in only 1 if you wish to apply for a single option)**[ ] Japanese Government (MEXT) Scholarship (The International Priority Graduate Programs (PGP))[ ] WISE Program Scholarship (Special Selection Quota for International Students) [ ] Self-Financed (Selection Quota for International Students) or ExEx Scholarship (I plan to apply for this year's recruitment.)**☐ I have confirmed my scholarship selection with my prospective supervisor.** (Please check the box ☑) |
| 5. Nationality | 6. Sex | 7. Marital Status |
|   | □ Male □ Female  | □ Single □ Married |
| 8. Prospective Laboratory/Division (select from the list of supervisors and study area/research contents) |
| Name of Laboratory/Division |   |
| Name of Professor |   |
| 9. Present Status (name of the university attended, institution, or employer) |
| Affiliation |  |
| Position |  |
| 10. Present Address |
| Mailing Address |  |
| E-mail |  | Phone/Fax |  |
| 11. Final Academic Background |
| 11a. Undergraduate Course |
| University |   | Country |   |
| Faculty and Department  |   | Bachelor’s Degree |   |
| 11b. Graduate Course (Master’s course) |
| University |  | Country |  |
| Major |  | Master’s Degree |  |
| 12. Emergency Contact in the Applicant’s Home Country |
| Name |  | Relationship to Applicant |  |
| Mailing Address |  |
| E-mail |  | Phone/Fax |  |
| 13. Desired Time of Admission  |
|  | □ | April, 2026 |  |  |
| 14. Pledge |
| To the Dean,Graduate School of Veterinary Medicine/Graduate School of Infectious Diseases at Hokkaido UniversityI hereby apply for the Special Training Program for “Fostering Leading Researchers to Develop Global Bioresource Platform” with the required documents. |
|  | Date of Application: |  |  |
|  | Name of Applicant: |  |  |
|  | Signature: |  |  |

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Curriculum Vitae

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  | Age |  |
| Nationality |  | Sex | □ | M |  | □ | F |
|  |
| Educational Background (history after the entrance to elementary school) |
| Education | Name and Location of School | Year/ Month of Entrance | Year/Month of Completion | Official Required Year forCompletion | Amount of Time Spent at the School  |
| Elementary Education(Elementary School) | Name of School: Location (City, Country):  |   |   |   |  |
| Secondary Education(Junior High School) | Name of School: Location (City, Country):  |   |   |   |  |
| Upper Secondary Education(High School) | Name of School: Location (City, Country):  |   |   |   |  |
| Higher Education(Undergraduate Level) | Name of School: Location (City, Country):  |   |   |   |  |
| Higher Education(Graduate Level) | Name of School: Location (City, Country):  |   |   |   |  |
| If the spaces above are not sufficient, please insert additional space as required.  |
|  |
| Licenses and Qualifications |
| Name of Licenses and Qualifications | Date of Issue(Year and Month) | Country Issued |
|  |  |  |
|  |  |  |
| If the spaces above are not sufficient, please insert additional space as required. |
|  |
| Employment Record |
| Name and Location of Organization | Period of Employment(From: to: ) | Position | Type of Work |
|   |   |   |   |
|   |   |   |   |
| If the spaces above are not sufficient, please insert additional space as required.  |

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| Other interests, achievements, skills, publications to be used as reference for documentary examination |
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| Japanese Language Proficiency (evaluate your level by yourself and mark an “X” in the appropriate space) |
|  | Excellent | Good | Fair | Poor |
| Reading |  |  |  |  |
| Writing |   |   |   |   |
| Speaking |   |   |   |   |
|  |  |  |  |  |
| Accompanying Dependents (provide the following information if you plan to bring any family members to Japan) |
| Name | Relationship | Age |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Important Notice: All expenses incurred by the presence of dependents must be assumed by the grantee.  |
|  |
| Immigration Records to Japan |
| Date(From: to: ) | Purpose |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| I hereby declare that all of the information provided herein is accurate and valid. |
| Date of Application: |  |
|  |  |
| Name of Applicant: |  |
|  |  |
| Signature of Applicant: |  |