

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

1. Name			
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (Family Name) (First Name) (Middle Name) </div>			
2. Date of Birth		3. Age (As of April 1, 2026)	
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> ____/____/____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (Year [YYYY]) (Month [MM]) (Day [DD]) </div>			
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) <input type="checkbox"/> Japanese Government (MEXT) Scholarship (The International Priority Graduate Programs (PGP)) <input type="checkbox"/> WISE Program Scholarship (Special Selection Quota for International Students) <input type="checkbox"/> Self-Financed (Selection Quota for International Students) or ExEx Scholarship (I plan to apply for this year's recruitment.) <input type="checkbox"/> I have confirmed my scholarship selection with my prospective supervisor. <div style="text-align: center; font-size: x-small;">(Please check the box <input checked="" type="checkbox"/>)</div>			
5. Nationality		6. Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Marital Status			
<input type="checkbox"/> Single <input type="checkbox"/> 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			
<input type="checkbox"/> April, 2026			
14. Pledge			
<p>To the Dean, Graduate School of Veterinary Medicine/Graduate School of Infectious Diseases at Hokkaido University</p> <p style="text-align: center;">I hereby apply for the Special Training Program for "Fostering Leading Researchers to Develop Global Bioresource Platform" with the required documents.</p> <p style="text-align: right;">Date of Application: _____</p> <p style="text-align: right;">Name of Applicant: _____</p> <p style="text-align: right;">Signature: _____</p>			

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)

Please leave this page blank and print on both sides

Curriculum Vitae

Full Name			
Date of Birth		Age	
Nationality		Sex	<input type="checkbox"/> M <input type="checkbox"/> 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 for Completion	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.

Other interests, achievements, skills, publications to be used as reference for documentary examination

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: _____