

Examinee No. (leave blank)	
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Entrance Examination for International Students

Application form for the applicant qualification screening

I hereby apply for the applicant qualification screening with necessary documents to take the entrance examination of
Graduate School of _____ admission in _____ (month), _____ (year) .

_____/_____/_____
Year Month Day

Name of applicant

1. Application Qualifications (Check in the box you apply for)

<input type="checkbox"/> (5)	<input type="checkbox"/> (6)	<input type="checkbox"/> (7) a	<input type="checkbox"/> (7) b	<input type="checkbox"/> (7) c	<input type="checkbox"/> (7) d	<input type="checkbox"/> (8)
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2. Contents of Application

(1) In case of Application Qualifications (6) or (8)

① Final Academic Background

From : year month day	Name of school
To : year month day	

② Record of Institution you obtained the academic ability equal to or greater than a person completing a 6-year program in a Veterinary Medicine.

Note: Not required for application for the qualifications (6)① and (6)②

Period	Name of Research/Working Institution	Summary of research/result
From : year month day		
to : year month day		
From : year month day		
to : year month day		
From : year month day		
to : year month day		

*② Attach a certificate of your affiliation.

(2) In case of Application Qualifications (7)

Learning Achievement in University

Name of school Period of attendance	_____ University Faculty Department								(<input type="checkbox"/> Currently in school ____year)	
	Enrollment _____ Year month		Graduation (expected) _____ Year month				Enrollment Period (except period of absence from school) ____year			
Learning Contents	Division of Subjects	Number of Subjects	Number of Credits	Grades (Number of Credits)						
				S	A	B	C	Pass/Fail	others	
	liberal arts									
	Major subjects									
	Foreign Language									
	計									