|  |  |
| --- | --- |
| Examinee No.(leave blank )  |  |

 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) .

　　　　/　　　/　　　　　　　　　　　　 Name of applicant

 Year Month Day

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □　(５)  | □　(６) | □　(７) a | □　(７) b | □　(７) c | □　(７) d | □　(８) |

1. **Contents of Application**

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

　①Final 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  | 　　　　　　　　　　　　　　　　　　　　　（ □Currently in school　　　year）University 　 Faculty Department　　  |
| 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 |  |  |  |  |  |  |  |  |