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Application for 2023 SUMS Scholarship

Instructions

1. Type or write neatly by hand in block letters in Japanese or English.
2. Use Arabic numerals (0.1.2.3...) and Western calendar.
3. Write proper nouns in full without abbreviation.

Photo (Write your name on the back of a photo.) 4.5cm × 3.5cm

To: The President of Shiga University of Medical Science,

Name (in alphabet)	Surname	Given name	Middle name
* Write your name exactly as it appears on your passport			
Date of Birth	____ / ____ / ____ (yyyy) (mm) (dd)	Age (as of April 1, 2024)	yrs Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Applicants must have been born on or after April 2, 1988.			
Nationality		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Current Address			
	Email		Phone
Final Educational Record	Name of Institution		
	Major Faculty / Department		
	Year and Month of Graduation	/ (yyyy) (mm)	<input type="checkbox"/> Check (if to be expected)
Current Affiliation	Name of Institution		
	Department	Title / Position	
	Address		
	Email		Phone

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1. Academic Record

*If you took a leave of absence, specify the period and the reasons in the column "Remarks".

Primary Education (Elementary School)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Lower Secondary Education (Middle School/Junior High School)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Upper Secondary Education (Senior High School)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Tertiary (Higher) Education (Undergraduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Tertiary (Higher) Education (Graduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Tertiary (Higher) Education (Graduate)	School name				
	Location				
	Year & Month of entrance & graduation	From	/	to	/
		(yyyy / mm)		(yyyy / mm)	Period of schooling attended
Remarks					
Total years of schooling attended as of April 1, 2024					yrs
Do you have a medical license?					<input type="checkbox"/> Yes (Issue date :) (Country :)
					<input type="checkbox"/> No

4. Research Program

Desired Department to Enroll in	
Research Subject	

Please describe your study program within the 1000 words limit.

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5. Letter of Recommendation (from the authorized representative of the institution the applicant belongs to)

Name of Recommender	
Position of Recommender	
Recommendation	

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6. Language ability

	Reading	Writing	Speaking	Listening	
Japanese					
English					
Others ()					
* Self-rate on a scale of 3 to 0.		3 = Excellent	2 = Good	1 = Fair	0 = Poor
Japanese language qualifications	JLPT	Level	Total Score	Other	Score
English language qualifications	TOEFL	iBT	IELTS	Other	Score
		Other type ()			

7. Accompanying Dependents

* Provide the following information if you plan to bring any family members to Japan.

* All expenses incurred by the presence of dependents must be borne by the grantee. Applicants are advised to take into consideration the various difficulties in finding accommodation and its expenses. Therefore, those who want to accompany their families are well advised to come alone first and let them come after suitable accommodation has been found.

Name	Relationship	Age	Nationality

8. Biwako Career Development Program for International Medical Students

Do you want to participate in “Biwako Career Development Program for International Medical Students”? *Please confirm the details of this program at the SUMS Scholarship Guidelines for 2023.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I understand and accept all the conditions stated in the Application Guidelines for Shiga University of Medical Science (SUMS) Scholarship for 2023 and upon confirmation of my qualifications for application as stated above, I hereby apply for this scholarship.

Applicant's signature		Date of application	年 月 日 year / month / day
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