

Applicant's Name: \_\_\_\_\_

Form 1

## Instructions for Submission and Application Checklist

出願の説明と出願書類チェックリスト

### O-NECUS Program 2024-2025 Application Submission to Okayama University Friday, December 15, 2023

Application guidelines for O-NECUS program 2024-2025 are now available. Please make sure to complete all documents as soon as possible.

2024 年度入学の O-NECUS プログラムの募集要項ができました。早めに書類を揃えるようにして下さい。

#### ★Submission Instructions★

1. Read the instruction carefully on the form as you complete your applications. 願書をよく読む。
2. Take a TOEIC, TOEFL, IELTS, or/and JLPT test. 語学能力試験を受ける。
3. Find a department which suite you the most. 自分にあった教育研究分野を見つける。  
Department and Research Projects : <https://www.mdps.okayama-u.ac.jp/en/about/global-engagement/>  
教育研究分野案内 <https://www.mdps.okayama-u.ac.jp/about/global/>
4. Get a permission to take the examination from prospective supervisor in Japan.  
希望の指導教員から受験の許可を得る。
5. Provide the documents in the checklist below. 下記にあるチェックリストの書類を全て準備する。
6. Submit your completed documents to the International Office at your university.  
大学へ出願書類を提出する。
7. Take Oral Examination (March) 面接を受ける。(3 月)
8. Wait for the result ( April) 合格発表を確認する。(4月)

#### ★Application Checklist★

All documents must be written in English or Japanese. Please **mark** ✓ for submitted documents on the following list. すべての出願書類は英語または日本語で記入してください。提出する書類に✓印を記入してください。

No	Tick ✓	Application Documents 出願書類
[1]		Submission Instructions and Application Checklist <b>Form 1</b> 出願の説明と出願書類チェックリスト
[2]		Application for O-NECUS Program 2024-2025 <b>Form 2</b> 2024 年度 O-NECUS プログラム入学願書
[3]		O-NECUS Program Personal History O-NECUS プログラム履歴書 <b>Form 3</b>
[4]		Certificate of Student Registration issued by your university (Official document) 現在在籍している大学の在籍証明書 (大学が発行する公式なもの)
[5]		Letter of Recommendation written by your professor with his/her signed <b>Form 4</b> 在籍大学指導教授の推薦書
[6]		Personal Statement of Research Planning Sheet 研究計画書 <b>Form 5</b>
[7]		CERTIFICATE OF HEALTH 健康診断書 <b>Form 6</b>
[8]		Language Proficiency (Copy of Certificate) 語学力を証明する資料 (合格通知書のコピー)
[9]		E-mail records with prospective supervisor. It must include a statement that the applicant is permitted to take the examination. 受入希望教員との E-mail 通信録 ※受験可能な旨を記載してあること
[10]		Copy of Passport パスポートのコピー

## Application for O-NECUS Program 2024-2025

Applicants must complete and submit all required application documents no later than December 15, 2023. If the applicant misses the deadline or the contents of their response is illegible, their registration will be revoked or cancelled.

■Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

\_\_\_\_\_

(ローマ字) Name in Roman Block Letter

\_\_\_\_\_

Photograph  
(45mm x 30mm)

■Marital Status ☐Single ☐Married Gender ☐Female ☐Male

■Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
yyyy / mm / dd

■Current Address, Telephone Number, and E-mail

(Current Address) \_\_\_\_\_

(Telephone Number) \_\_\_\_\_ (E-mail) \_\_\_\_\_

■Current Student Status at University in China

(Institution) \_\_\_\_\_ (Division) \_\_\_\_\_

(Department) \_\_\_\_\_

Period of Enrollment From \_\_\_\_\_ To \_\_\_\_\_

■Previous Student Status at University in China (Undergraduate)

(Institution) \_\_\_\_\_ (Division) \_\_\_\_\_

(Department) \_\_\_\_\_

Period of Enrollment From \_\_\_\_\_ To \_\_\_\_\_

■Intended Supervisor at Okayama University

(Department) \_\_\_\_\_

(Supervisor) \_\_\_\_\_

■Title of Research at Okayama University

(English) \_\_\_\_\_

■Keywords

(English) \_\_\_\_\_

■Supervisor at University in China \_\_\_\_\_

(E-mail) \_\_\_\_\_

## O-NECUS Program Personal History

Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

(ローマ字) Name in Roman Block Letter

Academic Record		Name	Year and Month of Entrance and Completion From To	Duration
	Primary Education			
	Lower Secondary Education			
	Upper Secondary Education			
	Tertiary Education (Undergraduate)			
	Tertiary Education (Graduate)			
Employment Record	From To	Name of organization and position		
List your significant publications (published paper, presented paper, report, conferences, etc.). Fill in enough information such as title, year, journal name, co-authors so that the examinaer could check the work. 【In English 】				
Language Proficiency	Japanese			
	English		(e.g.IELTS overall score 5.5)	
	Others			

After you are admitted to Okayama University, and you have to leave Japan temporally during O-NECUS program (from October 1, 2024 to September 30, 2025) due to any unavoidable reasons, such as the medical exam, please write a scheduled date.

When:

Reason:

## Letter of Recommendation

Dear Dean,  
Graduate School of Medicine, Dentistry and Pharmaceutical Sciences,  
Okayama University

I recommend a student for admission to O-NECUS program 2024 as below. I hereby agree that I will supervise him/her jointly with supervisors of Okayama University.

**Applicant's Name** Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

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(ローマ字) Name in Roman Block Letter

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**Title of Research at your home university**

(English)

Fill in the applicant's intelligence, ability and personality.

Date\_\_\_\_\_

Name\_\_\_\_\_ Signature\_\_\_\_\_

Position\_\_\_\_\_

Faculty/ Affiliation\_\_\_\_\_

E-mail \_\_\_\_\_ Telephone\_\_\_\_\_

## Personal Statement of Research Planning Sheet

Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

\_\_\_\_\_

(ローマ字) Name in Roman Block Letter

\_\_\_\_\_

Institution \_\_\_\_\_

Supervisor at home university in China \_\_\_\_\_

Title of Research at Okayama University

(Japanese or English)

Fill in the general information about your research.

## 健康診断書 CERTIFICATE OF HEALTH

\*Fill in this form in English or Japanese

氏 名 Name	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
	(FAMILY NAME) (First name)		
	生年月日 年 月 日生 (満 歳) Date of Birth Year Month Day Age		
現 住 所 Present Address			
既 往 症 Past History			
身 長 Height	cm	体 重 Weight	kg
視 力 Eyesight	(With Glasses or Contact Lenses) 右 Right ( ) 左 Left ( )	聴 力 Hearing 右 Right 左 Left	
胸部X線 Chest X-ray Examination	<input type="checkbox"/> 間接 Indirect <input type="checkbox"/> 直接 Direct 所見 Impression		
内科理学的所見 Physical or Psychological Conditions			
現在の健康状態 及び疾病異常 Present Condition of Health and Disease			
その他の所見 Other Remarks			
上記のとおり診断します。 I hereby declare that the above statement is true and correct.  年 月 日 Year Month Day 医師氏名 (Physician's Name in Print) 医療機関名 (Office/Institution) 住所 (Address) 電話番号 (Telephone Number)  <div style="text-align: right;">         印          _____          Official Seal and Signature       </div>			

(注) 診断事項中, 異常がない場合もその旨記入して下さい。

Please fill in this form even if there is no abnormality in the diagnosis.