Form 1

**Applicant’s Name:** .

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/

1. 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。

1. 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。
2. Submit your completed documents to the International Office at your university.

大学へ出願書類を提出する。

1. Take Oral Examination (March)　面接を受ける。（3月）
2. 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 　Form 1  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 　Form 2  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 Form 3 |
| [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　Form 4  在籍大学指導教授の推薦書 |
| [6] |  | Personal Statement of Research Planning Sheet 研究計画書 Form 5 |
| [7] |  | CERTIFICATE OF HEALTH 健康診断書 　Form 6 |
| [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交信録 ※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 |

Form 2

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.

Photograph

(45mm x 30mm)

■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

■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)　　　　　 　　　 　　　　　　　　　　　　　　

Form 3

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 infomation 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:

Form 4

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

(ローマ字)　Name in Roman Block Letter

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

Form 5

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.

Form　6

健康診断書CERTIFICATE OF HEALTH

\*Fill in this form in English or Japanese

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 氏　　　名  Name | □　男 Male  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　　　　　　　　□　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 | □ 間接 Indirect 　　□ 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)  　　　　　　　　 　　　　　　　　　　印  Official Seal and Signature | | | |

（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.