

Applicant's Name (Alphabet) : _____

Form 1

Submission Instructions and Application Checklist

出願の説明と出願書類チェックリスト

O-NECUS Program 2027-2028 **Application Submission to Okayama University** **Friday, January 8, 2027**

Application Guidelines for O-NECUS program 2027-2028 are now available. Please make sure to complete all documents as soon as possible.

2027 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. Prepare all 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. Tick ✓ in the boxes for the application documents you are submitting.

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 2027-2028 Form 2 2027 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

Application for O-NECUS Program 2027-2028

Applicants must complete and submit all required application documents no later than January 8, 2027. If the applicant misses the deadline or the contents of their response is illegible, their registration will be revoked or cancelled.

■Applicant's Name (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 (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

		Name	Year and Month of Entrance and Completion From To	Duration
Academic Record	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 examiner could check the work. Write 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, 2027 to September 30, 2028) due to any unavoidable reasons, such as the medical exam, please write a scheduled date.

When:

Reasons:

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 2027 as below. I hereby agree that I will supervise him/her jointly with supervisors of Okayama University.

Applicant's Name (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_____

Personal Statement of Research Planning Sheet

Applicant's Name (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) _____

Important Notice:

Research outcomes obtained during your study at Okayama University cannot generally be used to fulfill the graduation or completion requirements of your home university. However, if there is a collaborative research project between your home university's supervising professor and the professor at Okayama University, and both parties have mutual understanding, this rule may not apply.

☐ (Tick ✓) **I confirm the above items.**

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	☐ 男 Male ☐ 女 Female		
	(FAMILY NAME)	(First name)	
	生年月日	年	月
	Date of Birth	Year	Month
		日生(満	歳)
		Day	Age
現 住 所 Present Address			
既 往 症 Past History			
身 長 Height		体 重 Weight	
	cm		kg
視 力 Eyesight	(With Glasses or Contact Lenses)	聴 力 Hearing	
	右 Right ()	右 Right	
	左 Left ()	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.