Curriculum Vitae

Number (Univ use only)	Name of applicant given middle family

Nationality Select your gender: Male/Female

Date of birth (MM DD, YY) (Age)

Current address

Phone number

Email address

Educational background (starting from elementary school)

Work history

Honors and prizes (if any)

Research history (if any)

Publication list (if any)

I hereby declare that the above information is true and correct.

Date (MM DD, YY) Signature

Statement of Purpose

Number (Univ use only)	Name of applicant given middle family

学　長	研究科長

指導教授

授業料減額制度適用申請書
Application Form for Tuition Fee Reduction

年　　月　　日
Year　Month　　Day

藤田医科大学長　殿

受験番号
Examinee Number　：

受験生氏名
Full Name　：　　㊞

私は、一般大学院生として、週４日以上、藤田医科大学において授業科目を履修し、指導教員の下で自らの研究に専念し、かつ常勤の雇用契約を締結していませんので、藤田医科大学大学院医学研究科学費等減免規程第６条に基づき、授業料減額制度の適用申請をいたします。なお、第７条に該当する事由が発生した場合には、速やかに申告することを誓約いたします。

I hereby pledge to take courses in Doctoral program more than four days per week as a general student, engage to research under being supervised by professor, and not to have any regular employment contracts. I hereby apply for tuition fee reduction in accordance with Article 6 of the Regulation for Reduction of Tuition Fees of Graduate School of Medicine, Fujita Health University. I pledge to report promptly if any of the events listed in Article 7 occur.