



# THE JIKEI UNIVERSITY SCHOOL OF MEDICINE

3-25-8, Nishi-Shimbashi, Minato-ku, Tokyo 105-8461 JAPAN

## Elective Student Application Form

### Personal details

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Family name \_\_\_\_\_ Male/Female \_\_\_\_\_  
First name(s) \_\_\_\_\_ Address \_\_\_\_\_  
Date of birth \_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_\_  
Nationality \_\_\_\_\_  
E-mail address \_\_\_\_\_ Telephone number \_\_\_\_\_  
Next of kin \_\_\_\_\_ (please state relationship to you) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Emergency contact E-mail address and telephone number.  
E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_

### Academic details

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University name \_\_\_\_\_ Year (1-7) \_\_\_\_\_  
Full address of medical school \_\_\_\_\_  
Expected graduation date (month/year). *This should not include your internship/residency.*  
\_\_\_\_\_ (mm/yyyy)

### Proposed specialty of elective

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Specialties of electives you wish to participate in (in order of preference)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

Proposed dates of elective. Give exact dates and alternate dates, if possible. The duration of the participation in each specialty should be 4 weeks to 8 weeks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Reference

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Provide the name of someone who could tell us about your personality and academic performance.

#### Referee

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_  
Institution \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_  
What is the relationship of this referee to you \_\_\_\_\_

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### Language ability

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English (native, advanced, intermediate, elementary)

Score of test, if taken TOEFL \_\_\_\_\_ IELTS \_\_\_\_\_

※No TOEFL or IELTS is required for native English speakers.

Japanese (native, advanced, intermediate, elementary, none)

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### Personal statement

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In 500 words or less state why you wish to participate in an elective at The Jikei University School of Medicine.