# 慈恵ﾏ-ｸ**g**

**THE JIKEI UNIVERSITY SCHOOL OF MEDICINE**

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

# **Elective Student Application Form**

## **Personal details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family name |  | |  | Male/Female | |  |
| Given name(s) |  | |  | Address |  | |
| Date of birth |  | (mm/dd/yyyy) |  |  |  | |
| Nationality |  | |  |  |  | |
| Email address |  | |  | Telephone number | |  |
| Next of kin |  | | Relationship to you | | |  |
| Address (*if different from above*) | | |  | | | |
| Emergency contact email address and telephone number. | | | | | | |
| Email address |  | |  | Telephone number | |  |

# **Academic details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University name |  | | Year (1-7) |  |
| Address of medical school |  | | | |
|  |  | | | |
| Expected graduation date. *This should not include your internship/residency*. | | | | |
|  | (mm/yyyy) |  | | |

# **Proposed department of elective**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Departments 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 should be 4 weeks. | | | | |
|  | | | | |
|  | | | | |
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|  | | | | |
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|  | | | | |
|  | | | | |

**Reference**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name |  | |  | Given name(s) |  |
| Institution name |  | |  |  |  |
| Email address |  | |  | Telephone number |  |
| Relationship to you | |  |

# **Language ability**

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)

# **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.