# 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. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**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**

#

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