



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
First name(s) Address
Date of birth
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 Telephone

Academic details

University name..... Grade.....
Full address of medical school
Expected graduation date (month/year). *This should not include your internship/residency.*

Proposed specialty of elective

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

1. 2.
3. 4.

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

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List specialty, location, and date of other electives you are attending outside your own medical school

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Reference

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

Referee

Family name Given name(s) Institution
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E-mail Telephone

What is the relationship of this referee to you

Language ability

English (native, advanced, intermediate, elementary) score TOEFL _____ IELTS _____

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.