



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..... Year(1-7).....
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.

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

.....
.....
.....
.....
.....

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

.....
.....

Reference

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

Language ability

English (native, advanced, intermediate, elementary)

Score TOEFL _____ IELTS _____

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

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.