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| Date |  | 　　 | / | 　　 | / | 　　　　 |

**APPLICATION**

**FOR CLINICAL ELECTIVE PROGRAMME**

**OF UNIVERSITY OF HAWAI**‘**I**

To the President of The Jikei University School of Medicine

|  |  |  |  |
| --- | --- | --- | --- |
| Year of Medical School |  | ID Number |  |

|  |  |
| --- | --- |
| Name |  |
| 氏名 |  |

Because I would like to attend the University of Hawai‘i as an elective student, I hereby apply per the attached sheet.

|  |
| --- |
| **Agreement** |

□ I understand and agree with the following conditions:

Studtents must behave honorably, during the elective programme, so that they

would not harm our university’s long-term reputation.

Students will follow a university’s policy regarding future developments and decisions.

An elective programme abroad might be changed or cancelled due to pandemic and other social issues.

The university will not cover any expenses related to such changes in the elective programme.

I will not change the chosen schedule of the elective programme.

|  |
| --- |
| **Reasons for Application**Singular |
| **Your Choice of Department**

|  |  |
| --- | --- |
| 1st : |  |
| 2nd : |  |
| 3rd : |  |

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| **About Yourself: Activities in / out of the University** |
| **English Language Test Score (since April of the 4th Year)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test |  | Score |  | Date of Examination |
|  |  |  | **mm** |  | **dd** |  | **yyyy** |
| TOEFL |  |  |  |  | / |  | / |  |

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