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| Date |  |  | / |  | / |  |

**APPLICATIONS**

**FOR CLINICAL ELECTIVE PROGRAMMES**

**OF OVERSEAS PARTNERSHIP UNIVERSITIES**

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 an international partnership university 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.

|  |
| --- |
| University of Leeds  Seoul National University  The University of Hong Kong  The University of Queensland |

2024.6 追加募集

|  |
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| **Reasons for Application** |
| **Your Choice of University**   |  |  | | --- | --- | | 1st : |  | | 2nd : |  | | 3rd : |  | | 4th : |  |   □ I would like to apply for clinical practices at multiple universities. |
| **About Yourself: Activities in / out of the University** |
| **English Language Test Scores (since April of the 4th Year)**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Test |  | Score |  | Date of Examination | | | | | |  |  |  | **mm** |  | **dd** |  | **yyyy** | | IELTS |  |  |  |  | / |  | / |  | | TOEFL |  |  |  |  | / |  | / |  | |