

## Application Checklist and Submission Instructions

出願書類のチェックリストと出願の説明

### O-NECUS Program 2018-2019 Application Submission to Okayama University Friday, November 24, 2017

Application documents for O-NECUS program 2018-2019 are now available.

We encourage you to gather and complete following documents sooner.

2018年度入学のO-NECUSプログラムの募集要項ができました。

早めに書類を揃えるようにして下さい。

1. Read the instruction carefully on the form as you complete your applications. 願書をよく読む。
2. Take TOEIC, TOEFL, IELTS, or/and JLPT. 語学能力試験を受ける。
3. Find a department which suite you the most. 自分にあった教育研究分野を見つける。  
Please refer to Departmental Information. <http://www.hsc.okayama-u.ac.jp/mdps/o-necus.html>
4. Provide the documents in the checklist below. 下記にあるチェックリストの書類を全て準備する。
5. Submit your completed documents to the International Office at your university.  
大学へ出願書類を提出する。
6. Wait a permission to take an exam from prospective supervisor in Japan. 受験の許可を得る。
7. Take Oral Examination (March) 面接を受ける。(3月)
8. Receive the result (Middle of April) 合格発表を確認する。(4月中旬)

#### ★Document Checklist★

All documents must be written in English/ すべての出願書類は英語で記入してください。

Please mark  if you provided

- 1. **Application Checklist and Submission Instructions** 【Form①】  
出願書類のチェックリストと出願の説明【様式①】
- 2. **Application for O-NECUS Program 2017-2018** 【Form②】  
入学願書【様式②】
- 3. **O-NECUS Program Personal History Form** 【Form③】  
O-NECUSプログラム履歴書【様式③】
- 4. **Certificate of Student Registration issued by your university** 【Official document】  
現在在籍している大学の在籍証明書【大学が発行する公式なもの】
- 5. **Letter of Recommendation from your professor with his/her signed** 【Form④】  
在籍大学指導教授の推薦書【様式④】
- 6. **Personal Statement of Research Planning Sheet** 【Form⑤】  
研究計画書【様式⑤】
- 7. **Certificate of Health** 【Form⑥】 健康診断書【様式⑥】
- 8. **Original or certified copies of official test scores and transcripts**  
語学能力を証明する書類
- 9. **Copy of your Passport (if you have one)** パスポートのコピー (持っている方のみ)

## Application for O-NECUS Program 2018-2019

You must complete and submit required application documents no later than **November 24, 2017**.  
If you miss the deadline or make an illegible response will result in revoked or cancelled the registration.

■ **Applicant Name** Please print your name as it appears or will appear on your passport.

(自国語) Name in full in your native language

\_\_\_\_\_

(ローマ字) In Roman letters

\_\_\_\_\_

FAMILY NAME

First name

Middle name

Photograph  
(45mm x 30mm)

■ **Marital Status**  Married  Single      **Sex**  Female  Male

■ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Age** \_\_\_\_\_

yyyy / mm / dd

■ **Present Address, Telephone Number, and Email**

(Present Address)

(Telephone Number)

(Email)

■ **Present Student Status at University in China**

(Institution)

(Division)

(Department)

(Student Number)

**Year and Month of Entrance and Completion**      **From** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **To** \_\_\_\_\_ / \_\_\_\_\_

■ **Prospective Supervisor at Okayama University**

	Department	Supervisor
First choice		
Second choice		
Third choice		

■ **Title of Research at Okayama University**

(English)

■ **Key words of Research**

(English)

■ **Supervisor at University in China**

(Email)

After you are accepted and enrolled at Okayama Univ., and you have to go back your country during O-NECUS program (October 1, 2018 ~September 30, 2019) due to medical exam or any unavoidable reasons, please write a month and reason.

When:

Reason:



## Letter of Recommendation

Dear Dean,  
 Graduate School of Medicine, Dentistry and Pharmaceutical Sciences,  
 Okayama University

I recommend this applicant below for admission to O-NECUS program 2018. I believe that he/she is a capable to perform at a superior level. I hearby agree that I will supervise him/her jointly with supervisors at Okayama University.

(自国語) Name in full in your native language

\_\_\_\_\_

(ローマ字) In Roman letters

\_\_\_\_\_

FAMILY NAME

First name

Middle name

### Title of Research at University in China

(English)

\_\_\_\_\_

Please use the space below to describe the applicant's ability.

Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Personal Statement of Research Planning Sheet

### Applicant's Name

(自国語) Name in full in your native language

\_\_\_\_\_

(ローマ字) In Roman letters

\_\_\_\_\_

FAMILY NAME

First name

Middle name

**Institution Name** \_\_\_\_\_

**Supervisor at University in China** \_\_\_\_\_

**Title of Research at Okayama University** \_\_\_\_\_

(English) \_\_\_\_\_

Please use the space below to describe general information about your research.

## 健康診断書 CERTIFICATE OF HEALTH

\*Fill in this form in English

	受験番号 Examinee's Number	※	
氏名 Name	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
	(FAMILY NAME)	(First name)	(Middle name)
	生年月日 Date of Birth	年 Year	月 日生 (満 歳) Month Day Age
現住所 Present Address			
既往症 Past History			
身長 Height		体重 Weight	
	cm		kg
視力 Eyesight	(With Glasses or Contact Lenses) 右 Right ( ) 左 Left ( )	聴力 Hearing	右 Right 左 Left
胸部X線 Chest X-ray Examination	<input type="checkbox"/> 間接 Indirect <input type="checkbox"/> 直接 Direct 所見 Impression		
内科理学的所見 Physical or Psychological Conditions			
現在の健康状態 及び疾病異常 Present Condition of Health and Disease			
その他の所見 Other Remarks			
上記のとおり診断します。 I hereby declare that the above statement given above is true and correct.  年 月 日 Year Month Day 医師氏名 (Physician's Name in Print): _____  医療機関名 (Office/Institution): _____  住所 (Address): _____  電話番号 (Telephone Number): _____  <div style="text-align: right;">_____ 印 Official Seal and Signature</div>			

(注) 診断事項中、異常がない場合もその旨記入して下さい。 ※の欄は記入しないでください。  
Please fill in this paper even you cannot find any abnormality. Colum※is an office use only.