

Applicant's Name: _____

Form 1

Instructions for Submission and Application Checklist

出願の説明と出願書類チェックリスト

O-NECUS Program 2024-2025 Application Submission to Okayama University Friday, December 15, 2023

Application guidelines for O-NECUS program 2024-2025 are now available. Please make sure to complete all documents as soon as possible.

2024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。

★Submission Instructions★

1. Read the instruction carefully on the form as you complete your applications. 願書をよく読む。
2. Take a TOEIC, TOEFL, IELTS, or/and JLPT test. 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。
Department and Research Projects : <https://www.mdps.okayama-u.ac.jp/en/about/global-engagement/>
教育研究分野案内 <https://www.mdps.okayama-u.ac.jp/about/global/>
4. Get a permission to take the examination from prospective supervisor in Japan.
希望の指導教員から受験の許可を得る。
5. 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。
6. Submit your completed documents to the International Office at your university.
大学へ出願書類を提出する。
7. Take Oral Examination (March) 面接を受ける。(3月)
8. Wait for the result (April) 合格発表を確認する。(4月)

★Application Checklist★

All documents must be written in English or Japanese. Please **mark** ✓ for submitted documents on the following list. すべての出願書類は英語または日本語で記入してください。提出する書類に✓印を記入してください。

No	Tick ✓	Application Documents 出願書類
[1]		Submission Instructions and Application Checklist Form 1 出願の説明と出願書類チェックリスト
[2]		Application for O-NECUS Program 2024-2025 Form 2 2024年度O-NECUSプログラム入学願書
[3]		O-NECUS Program Personal History O-NECUSプログラム履歴書 Form 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 written by your professor with his/her signed Form 4 在籍大学指導教授の推薦書
[6]		Personal Statement of Research Planning Sheet 研究計画書 Form 5
[7]		CERTIFICATE OF HEALTH 健康診断書 Form 6
[8]		Language Proficiency (Copy of Certificate) 語学力を証明する資料(合格通知書のコピー)
[9]		E-mail records with prospective supervisor. It must include a statement that the applicant is permitted to take the examination. 受入希望教員とのE-mail 交信録 ※受験可能な旨を記載してあること
[10]		Copy of Passport パスポートのコピー

Application for O-NECUS Program 2024-2025

Applicants must complete and submit all required application documents no later than December 15, 2023. If the applicant misses the deadline or the contents of their response is illegible, their registration will be revoked or cancelled.

■ Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

(ローマ字) Name in Roman Block Letter

Photograph
(45mm x 30mm)

■ Marital Status Single Married Gender Female Male

■ Date of Birth / / Age
yyyy / mm / dd

■ Current Address, Telephone Number, and E-mail

(Current Address) _____

(Telephone Number) _____ (E-mail) _____

■ Current Student Status at University in China

(Institution) _____ (Division) _____

(Department) _____

Period of Enrollment From _____ To _____

■ Previous Student Status at University in China (Undergraduate)

(Institution) _____ (Division) _____

(Department) _____

Period of Enrollment From _____ To _____

■ Intended Supervisor at Okayama University

(Department) _____

(Supervisor) _____

■ Title of Research at Okayama University

(English) _____

■ Keywords

(English) _____

■ Supervisor at University in China _____

(E-mail) _____

O-NECUS Program Personal History

Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

(ローマ字) Name in Roman Block Letter

		Name	Year and Month of Entrance and Completion		Duration
			From	To	
Academic Record	Primary Education				
	Lower Secondary Education				
	Upper Secondary Education				
	Tertiary Education (Undergraduate)				
	Tertiary Education (Graduate)				
Employment Record	From	To	Name of organization and position		
List your significant publications (published paper, presented paper, report, conferences, etc.). Fill in enough information such as title, year, journal name, co-authors so that the examinaer could check the work. 【In English 】					
Language Proficiency	Japanese				
	English		(e.g.IELTS overall score 5.5)		
	Others				

After you are admitted to Okayama University, and you have to leave Japan temporally during O-NECUS program (from October 1, 2024 to September 30, 2025) due to any unavoidable reasons, such as the medical exam, please write a scheduled date.

When:

Reason:

Letter of Recommendation

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

I recommend a student for admission to O-NECUS program 2024 as below. I hereby agree that I will supervise him/her jointly with supervisors of Okayama University.

Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

(ローマ字) Name in Roman Block Letter

Title of Research at your home university

(English)

Fill in the applicant's intelligence, ability and personality.

Date_____

Name_____ Signature_____

Position_____

Faculty/ Affiliation_____

E-mail _____ Telephone_____

Personal Statement of Research Planning Sheet

Applicant's Name Please print your name as it appears or will appear in your passport.

(氏名) Name in Chinese Characters

(ローマ字) Name in Roman Block Letter

Institution _____

Supervisor at home university in China _____

Title of Research at Okayama University

(Japanese or English)

Fill in the general information about your research.

健康診断書 CERTIFICATE OF HEALTH

*Fill in this form in English or Japanese

氏名 Name	<input type="checkbox"/> 男 Male		
	<input type="checkbox"/> 女 Female		
	(FAMILY NAME)	(First name)	
	生年月日	年	月 日生(満 歳)
	Date of Birth	Year	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)	聴力 Hearing	
	右 Right ()		右 Right
	左 Left ()		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 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) _____			
_____ 印 Official Seal and Signature			

(注) 診断事項中, 異常がない場合もその旨記入して下さい。

Please fill in this form even if there is no abnormality in the diagnosis.