Applicant's Name: _____.

Form①

O-NECUS Program 2026–2027
Checklist and Instructions for Application Submission to Okayama University

Deadline: Friday, December 12, 2025
(Must Arrive by This Date)

We encourage you to gather and complete following documents sooner.

1. Read the instruction carefully on the form as you complete your applications.
2. Take TOEIC, TOEFL, IELTS, JLPT or/andCET-6.
3. Find a department which suite you the most.
   Departmental Information: Please refer to the attached sheet 1.
4. Get a permission to take an exam from prospective supervisor in Japan.
5. Provide the documents in the checklist below.
6. Submit your completed documents to the International Office at your university.
7. Take Oral Examination (March)
8. Wait for the result (Middle of April)

★Document Checklist★

All documents must be written in English.

Tick ✓ in the boxes for the application documents you are submitting.

No	Tick ✓	Application Documents	Email the data	Mail original
1	☐	Application Checklist and Submission Instructions 【**PDF**：**Form①**】	○	
2	☐	Application for O-NECUS Program 2026-2027 【**PDF**：**Form②**】	○	
3	☐	Photograph (30mm×45mm) 【**JPEG**、**JPG**、**PNG**、**GIF**】	○	
4	☐	O-NECUS Program Personal History Form 【**PDF**：**Form③**】	○	
5	☐	Certificate of Student Registration issued by your university 【**Official document**】		○
6	☐	Letter of Recommendation from your professor with his/her signed 【**Form④**】		○
7	☐	Personal Statement of Research Planning Sheet【**PDF**：**Form⑤**】	○	
8	☐	Certificate of Health【**Form⑥**】		○
9	☐	Copy of your Passport【**PDF**】	○	
10	☐	Original or certified copies of official test scores and transcripts【**PDF**】	○	
11	☐	E-mail records with prospective supervisor at Okayama Univ. It must include a statement that the applicant is permitted to take the examination. 【**PDF**】	○	

Form②

Application for O-NECUS Program 2026-2027

You must complete and submit required application documents no later than **December 12, 2025**. If you miss the deadline or make an illegible response will result in revoked or cancelled the registration.

Photograph
(45㎜×30㎜)

■Applicant Name _____ _____

*Please print your name as it appears or will appear in your passport.

■Marital Status __Single___Married **Gender** ___Female ___Male

■Date of Birth_____/_____/_____ **Age**_____

yyyy / mm / dd

■Nationality _____

■Current Address, Telephone Number, and Email

(Current Address)_____

(Telephone Number)_____ (Email)_____

■Current Student Status at University in China

(Institution)_____ (Division)_____

(Department)_____

Period of Enrollment From ____/____ To ____/____

yyyy / mm yyyy / mm

■Prospective Supervisor at Okayama University

(Department)_____

(Supervisor)_____

■Title of Research at Okayama University

_____

■Keywords _____

■Supervisor at University in China

（name）_____ (Email)_____

Form③

O-NECUS Program Personal History Form

FAMILY NAME First name

Applicant's Name _____ _____

Academic Record		**Name**	**Year and Month of Entrance and Completion From To**	**Duration**
	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.). Please give enough infomation such as title, year, journal name, co-authors in order for the committe to check the work.

Language proficiency	**Japanese**	(e.g.JLPT N1)
	English	(e.g.TOEFL score 570)
	Others	

After you are accepted and enrolled at Okayama Univ., and you have to go back your country during O-NECUS program (October 1, 2026 ~ September 30, 2027) due to any unavoidable reasons, such as the medical exam, please write a month and reason.

When:

Reason:

Form④

Letter of Recommendation

Dear Dean,
Graduate School of Health Sciences,
Okayama University

I recommend this applicant below for admission to O-NECUS program 2026. 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.

FAMILY NAME First name

Title of Research at University in China

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

Date_____

Name_____ **Signature**_____

Position_____

Organizational Affiliation_____

Telephone_____ **Email**_____

Form⑤

Personal Statement of Research Planning Sheet

FAMILY NAME First name

Applicant's Name _____ _____

Institution _____

Supervisor at University in China_____

Title of Research at Okayama University

_____

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

Form⑥

健康診断書　CERTIFICATE OF HEALTH

***Fill in this form in English**

氏　　名 Name	□ 男 Male □ 女 Female (FAMILY NAME)　　(First name) 生年月日 Date of Birth　　年 Year　　月 Month　　日生 Day（満　　歳 Age）		
現 住 所 Present Address			
既 往 症 Past History			
身　　長 Height	cm	体　　重 Weight	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	□ 間接 Indirect　□ 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 Year　　月 Month　　日 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 paper even you cannot find any abnormality.