

# APPLICATION FORM

## TOKYO MEDICAL UNIVERSITY UNIVERSITY CLINICAL ROTATION

5 October – 3 November, 2018

Deadline for Applications: **25 May, 2018**

Name:.....

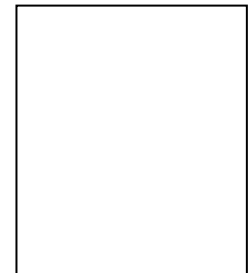
Year:.....

Address of correspondance:

Postal code: ..... City: .....

Street: .....

Phone no.: ( ) - ..... E-mail address: .....



photo

### Credit transcript (copy to be attached):

Average of *weighed average* marks: (to be calculated by the student):

**Scientific work practice and competitions** (Certificates, prizes to be numbered and copies attached) where, when:

1.....

2.....

3.....

4.....

5.....

**Other activities in the field of health sciences:** what, where, when?  
(eg: nursing, ambulance – copies of certificates or contracts to be attached)

1.....

2.....

3.....

**Extracurricular activities:**

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.....  
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.....  
Date

.....  
Signature