2024

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| Reception Date | ※ |

# Application Form

For admission to Master’s Program in Nursing Science, St. Luke's International University

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| To: Shigeko Horiuchi, President of St. Luke’s International University  Photo  Attach your photo taken within the last 3 months.  4 cm (H) x 3 cm (W)  I apply for admission to the master’s program in Nursing Science,  St. Luke’s International University.  Date:  Applicant’s Name:  Signature | | | | | | | | | | |
| Name | Surname: | | Gender | | | Date of Birth: | | | | |
| Given name(s): | | Age 　　　　　　　　 years old | | | | |
| Major  (circle the applicable) | Nursing Science ／ Women’s Health / Midwifery | | | | Program Period  (circle the applicable) | | | | 2 years / 3 years | |
| Nationality |  | | Desired area of specialty (\*) | | | | | | | |
| Home Address |  | | Email address | | | | | | | |
| Present Address | **〒** | | | | | | | ℡ | | |
| Contact Person Residing in Japan |  | | | Relationship | | | |  | | |
| Address | **〒** | | | ℡ | | | | ( )  - | | |
| Occupation |  | | | | | | | | | |
| Educational Background  (after high school) | Month, Year  (entry-completion) | Name of School | | | | | Location | | | Type and date of degree obtained |
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| License  (Circle all that apply) | | 1. Registered Nurse　2. Public Health Nurse　3. Midwife  4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

\*　Desired area of specialty: Choose and write two desired areas of specialty from the following: Psychology Nursing, Sociology in Nursing, Nursing Informatics, Epidemiology and Biostatistics for Nursing, Bioethics/ Nursing Ethics, Nursing and Data Science,Principles of Nursing Science/ Biobehavioral Nursing, Nursing Education, Nursing Administration, Genetics Nursing, Neuroscience Nursing, Child Health Nursing, Critical Care Nursing, Chronic Illness and Conditions Nursing, Oncology Nursing and Palliative Care, Gerontological Nursing, Global Health Nursing, Psychiatric and Mental Health Nursing, Home Care Nursing, Community/ Public Health Nursing, School Health, Women’s Health Nursing, Midwifery

(Note) 1．If the names appearing in other application documents are different from that of the application form, the certified proof of change of name should be submitted.

2．Your personal data will only be disclosed and used for the selection process.

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| Occupational Experience  (Professional positions, most recent　last) | Month, Year –  Month, Year | Description/Place | | |
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| Language  Proficiency  (1=good 2=fair  3=poor) |  | Japanese | English | Other ( ) |
| Reading |  |  |  |
| Writing |  |  |  |
| Listening |  |  |  |
| Speaking |  |  |  |

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| Language Information:  Please write down your English language scores, and attach a copy of the score report.  TOEFL (iBT/PBT): Other (Test Name and Score): Test Date:  Please write down your scores of Japanese as a Foreign Language of EJU, and attach a copy of the score report.  Scores: Test Date: |
| Statement of purpose, educational goal and career direction thereafter (If you need additional space, please use a separate sheet) |
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| Social Activities | Month, Year～Month, Year |  |
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| Living Costs | How do you intend to fund your study and living costs? Choose more than one if applicable.  ☐ Self-funded  ☐ Sponsored by family/government/institution/employer  ☐ Scholarship amount per month:  ☐ Bank loan  ☐ Other: | |