***St. Luke’s International University Graduate School of Public Health***

***Master’s Degree Program***

Achievement Declaration for Admission Qualification Screening

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *(Family name), (Given name)* | Date of Birth | *(mm / dd / yyyy)* |

|  |
| --- |
| Please indicate the achievements, such as publications and activities, which demonstrate that the applicant has the academic ability equal to or higher than a holder of a bachelor degree. |