# Application Form and CV

2024 Admissions for MPH Program

**For admission to the Master’s Degree Program, Graduate School of Public Health, St. Luke's International University**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: President of St. Luke's International University  Photo  Attach your photo taken within the last 3 months.  4(V) x 3(H) cm  Please accept my application for admission to the Graduate School of Public Health,  St. Luke's International University    **Applicant’s Signature:　　　　　　　　　　　 　　　　　　　　　　　　Date:**  (month/day/year) | | | | | | | | |
| **Program**  (check one option) | | **☐** 1-year MPH **☐** 2-year MPH **☐** 3-year MPH  A change of the program after the application is not accepted in principle. However, **there is a possibility that the Admission Committee suggests it to an applicant for the 1-year program based on the exam results**. | | | | | | |
| **Examination Method** | | **☐** In-person **☐** Online **☐** Either is possible | | | | | | |
| **Name** | (Last name) | | | (First name, middle name) | | **Former name**  **(if applicable)** | | Male  ▪  Female  (circle one) |
| **Date of Birth** | Month: Day:　　　　　　Year:  Age （　　　　） | | | | **Nationality** | **Email Address** | | |
| **Current Address** |  | | | | | | **Tel** | |
| **Do you wish to be considered**  **for the scholarship funded by St. Luke’s Graduate School of Public Health?** | | | **☐** **YES**, I wish to be considered **☐** **NO**, I do not wish to be considered  \*If you checked “Yes”, please submit the separate Scholarship Application | | | | | |
| **Public Health Sub-Discipline(s) of Interest\*:** (Circle all that apply)  -Epidemiology -Clinical Epidemiology -Molecular Epidemiology -Chronic Disease Epidemiology  -Pharmaco-epidemiology -Public Health Nutrition -Biostatistics -Health Informatics  -Behavioral Science -Health Policy and Management -Organization in Public Health　　 -Environmental Health  -Global Health -Maternal and Child Health -Medical Anthropology -Health Economics  -Infectious Disease -Medical Ethics -Systems Thinking    Others (please specify)  \*Please indicate your present interest(s). We understand that these may change in the future. | | | | | | | | |

(Note) 1．Your personal information will only be disclosed and used for the purposes of this selection process.

2．If the name appearing on other application documents are different from your current name, the former name should be written on this application form.

3. Insert additional rows if necessary.

4. With the exception of Education, please list all entries in reverse chronological order (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education**  (after high school; chronological order) | Month, Year - Month, Year  (Enrollment - Graduation) | Institution (and department, if applicable) | City and Country | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Professional License(s)**  （Circle all that apply） | | 1. Medicine 2. Dentistry 3. Pharmacy 4. Nursing　 5. Midwife  6. Public Health Nurse 7. Others （　　　　　　　　　　　　　　　　　　　　　） | | |
| **Work Experience**  (academic and professional positions) | Month, Year - Month, Year | Position, Institution and Department, Job Descriptions, and Location | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Self-Assessed Language Abilitites**  (1=good, 2=fair,  3=poor) |  | | **Japanese** | **English** | | **Others ( )** |
| **Reading** | |  |  | |  |
| **Writing** | |  |  | |  |
| **Listening** | |  |  | |  |
| **Speaking** | |  |  | |  |
| **[Optional] English Language Proficiency Examination:** Please indicate your English proficiency exam scores if you have any. The information provided will not be assessed as a part of the entrance exam. | | | | | | |
| Test | | Score | | | Date (Day/Month/Year) | |
|  | |  | | |  | |
|  | |  | | |  | |

|  |  |  |
| --- | --- | --- |
| **Awards and Honors** (include research funding awards) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
| **Presentations**  (e.g. oral and poster presentations, lectures, etc.) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other Academic and Professional Activities**  (e.g. society memberships, committees, etc.) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
| **List of Publications**  **(Peer reviewed)** |  | |
|  | |
|  | |
|  | |
|  | |
| **Other Skills, Expertise, and Activities** |  | |
|  | |
|  | |
|  | |

|  |
| --- |
| **Statement of Purpose**  **Instructions:**  Please explain your interest in public health, educational goals, and career direction. Please include descriptions of any experience or events that have influenced your decision to pursue training in public health.  [1-year MPH applicants only] In addition to the above, please explain your reasons for applying for the one-year program, how you think you will manage the pressure of study, work and life while studying intensively. Please describe a research or intervention plan you intend to implement as part of the Master's capstone project during the year of your study, if you have one.  (double-spaced in 12-pt font; 1,000 word limit) |
|  |

Declaration of Authenticity

|  |
| --- |
| I have read and understood the information provided in the Application Guidebook, and the information I have provided in this application is true and accurately represented. I understand that St. Luke`s Graduate School of Public Health Selection Committee retains the right to verify the accuracy of any of the above information, and further understand that discrepancies may result in the disqualification of my application to the Graduate School of Public Health and any related scholarships.  **Date: / /**  **Signature** |