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

***Doctoral Degree Program***

Achievement Declaration for Admission Qualification Screening

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

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| 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 master’s degree. |