# Application Form and CV

2019-2020

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

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| To: Tsuguya Fukui, President of St. Luke's International UniversityPhotoAttach your photo taken within the last 3 months. 4(V) x 3(H) cmPlease 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　(prior screening is required) **☐** 2-year MPH **☐** 3-year MPHA change of the program after the application is not accepted in principal. However, there is a possibility that the Admission Committee suggests it to an applicant for the 1-year program based on the exam results. |
| **Name** |  (Last name) |  (First name, middle name) | **Maiden name** | Male▪Female(circle one) |
| **Date of Birth** | Month: Day:　　　　　　Year: Age （　　　　） | **Nationality** | **Email Address** |
| **Current Address** |  | **Tel** |
| **Do you wish to be considered****for a scholarship?**(Circle one） | **YES**, I wish to be considered / **NO**, I do not wish to be considered\*If you circled “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-Pharmacoepidemiology -Public Health Nutrition -Biostatistics -Health Informatics-Behavioral Science -Health Policy and Management -Hospital Administration -Environmental Health-Global Health -Maternal and Child HealthOthers (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 maiden 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)

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| **Education**(after high school; chronological order) | Month, Year - Month, Year*entry* - *completion or expected* | Institution (and department, if applicable) | Location (city, country) | Type of degree (if any) |
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| **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 | Description (i.e. position, institution, location, and primary activity)  |
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| **Self-Assessed Language Abilitites**(1=good, 2=fair,3=poor) |  | **Japanese** | **English** | **Others ( )** |
| **Reading** |  |  |  |
| **Writing** |  |  |  |
| **Listening** |  |  |  |
| **Speaking** |  |  |  |
| **English Language Proficiency Examination:** Please indicate your English proficiency exam scores, and submit a copy of the score report. TOEFL: iBT PBT Test Date: (month) (day) (year) TOEIC: Test Date: (month) (day) (year) IELTS: Test Date: (month) (day) (year)  |

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| **Awards and Honors** (include research funding awards) | Month, Year | Description |
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| **Presentations**(e.g. oral and poster presentations, lectures, etc.) | Month, Year | Description |
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| **Other Academic and Professional Activities**(e.g. society memberships, committees, etc.) | Month, Year | Description |
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| **List of Publications****(Peer reviewed)** |  |
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| **Other Skills, Expertise, and Activities** |  |
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| **Statement of Purpose****Instructions:** Please explain your interests 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. (double-spaced in 12-pt font; 1,000 word limit) |
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Declaration of Authenticity

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| 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** |