# Application Form and CV

2018-2019

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

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| To: Tsuguya Fukui, President of St. Luke's International University  Photo  Attach your photo taken within the last 3 months.  ４(V)x３(H)㎝  Please accept my application for admission to the Doctoral Program in Public Health,  Graduate School of Public Health at St. Luke's International University    **Applicant’s Signature:　　　　　　　　　　　 　　　　　　　　　　　　Date:**  (month/day/year) | | | | | |
| **Name** | (Last name) | (First name, middle name) | | **Maiden name** |  |
| **Male　　　▪　　　Female**　　　(circle one) | | | **Nationality** |  | |
| **Date of Birth** | Month: 　　 　Day:　　　　　　　　Year: 　　　　 　　　　　　　Age （　　　　） | | | | |
| **Email Address** |  | | | | |
| **Current Address** |  | | | | |
| **Tel** |  | | | | |

(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; most recent first) | Month, Year  (entry to completion or expected) | Institution (and department, if applicable) | Location (country, city) | 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; most recent first) | 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, most recent first)** |  | |
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| **Other skills, expertise, and activities** |  | |
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| **Statement of Purpose**  **Instructions:** Please explain your interests in public health, research 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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| **Summary of Master’s Thesis, Capstone Project, or Research Conducted**  **in Master Program**  **Instructions:** Summary of research conducted in Master's program, which could be a thesis or a capstone project. The summary must contain motivation and objective of the research, procedures of data collection (primary or secondary), methods used for data analysis, and outcome of the research. (200 - 300 words) |
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| **Research Proposal**  **Instructions:** Research proposal could be of one or two paragraphs and must have the title of the project. It may contain brief descriptions of motivation (background/ rationale and public health significance), objectives (research question and hypothesis), methods (study design, data collection procedures, and data analysis plan), anticipated outcome, and timeline. (300 - 500 words) |
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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** |