

2025

Reception Date	※
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Application Form

For admission to Doctoral Program in Nursing Science, St. Luke's International University

To: Shigeko Horiuchi, President of St. Luke's International University

I hereby apply for admission to the doctoral program in Nursing Science,
St. Luke's International University.

Date: _____

Applicant Name: _____
Signature

<p>Photo</p> <p>Attach your photo taken within the last 3 months.</p> <p>4 cm (H) x 3 cm (W)</p>

Name	Surname:	Gender	Date of Birth	
	Given name(s):		Age	years old
Nationality			Desired area of specialty (*) or Faculty member name	
Home Address			Email address	
Present Address	〒			TEL
Educational Background (after high school)	Month, Year (entry-completion)	Name of School	Location	Type and date of degree obtained
License (Circle all that apply)	1. Registered Nurse 2. Public Health Nurse 3. Midwife 4. Other: _____			

* Desired area of specialty: Write your desired area of specialty from the following: Psychology Nursing, Nursing Informatics, Epidemiology and Biostatistics for Nursing, Bioethics/ Nursing Ethics, Nursing and Data Science, Principles of Nursing Science/ Biobehavioral Nursing, Nursing Education, Nursing Administration, Genetics Nursing, Child Health Nursing, Midwifery, Chronic Illness and Conditions Nursing, Oncology Nursing and Palliative Care, Neuroscience Nursing, Gerontological Nursing, Global Health Nursing, Psychiatric and Mental Health Nursing, Home Care Nursing, Community/ Public Health Nursing, Critical Care Nursing, Women's Health Nursing

(Note) 1. If the names appearing in other application documents are different from that of the application form, the certified proof of change of name should be submitted.
 2. Your personal data will only be disclosed and used for the selection process.

Statement of purpose and research direction for doctoral study and thereafter (If you need additional space, please use a separate sheet)

Social Activities	Month, Year - Month, Year	
Living Costs	<p>How do you intend to fund your study and living costs? Choose more than one if applicable.</p> <p><input type="checkbox"/> Self-funded</p> <p><input type="checkbox"/> Sponsored by family/government/institution/employer</p> <p><input type="checkbox"/> Scholarship amount per month: _____</p> <p><input type="checkbox"/> Bank loan</p> <p><input type="checkbox"/> Other: _____</p>	