2024

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| Reception Date | ※ |

# Application Form

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

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| To: Shigeko Horiuchi, President of St. Luke’s International University  Photo  Attach your photo taken within the last 3 months.  4 cm (H) x 3 cm (W)  I hereby apply for admission to the doctoral program in Nursing Science,  St. Luke’s International University.  Date:  Applicant Name:  Signature | | | | | | | | |
| 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 | **〒** | | | | | ℡ | | |
| Educational Background  (after high school) | Month, Year  (entry-completion) | Name of School | | | Location | | | Type and date of  degree obtained |
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| 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, Sociology in 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.

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| Occupational Experience  (Professional positions, most recent last) | Month, Year - Month, Year | Description/Place | | |
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| Language Proficiency  (1=good 2=fair  3=poor) |  | Japanese | English | Others ( ) |
| Reading |  |  |  |
| Writing |  |  |  |
| Listening |  |  |  |
| Speaking |  |  |  |
| Language Information:  Please write down your English language scores, and attach a copy of the score report.  TOEFL (iBT/PBT): Other (Test Name and Score) Test Date:  Please write down your scores of Japanese as a Foreign Language of EJU, and attach a copy of the score report.  Scores: Test Date: | | | | |
| Title of master’s thesis  Date　approved: | | | | |
| Description of previous research (including master’s thesis) | | | | |
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| Statement of purpose and research direction for doctoral study and thereafter (If you need additional space, please use a separate sheet) | | |
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| Social Activities | Month, Year - Month, Year |  |
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| Living Costs | How do you intend to fund your study and living costs? Choose more than one if applicable.  ☐ Self-funded  ☐ Sponsored by family/government/institution/employer  ☐ Scholarship amount per month:  ☐ Bank loan  ☐ Other: | |