

2025

Reception Date	※
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Application Form

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

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

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

Date: _____

Applicant's 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
Major (circle the applicable)	Nursing Science / Women's Health / Midwifery		Program Period (circle the applicable)	2 years / 3 years
Nationality	Desired area of specialty (*)			
Home Address	Email address			
Present Address	〒			TEL
Contact Person Residing in Japan	Relationship			
Address	〒		TEL	() -
Occupation				
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: Choose and write two desired areas 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, Neuroscience Nursing, Child Health Nursing, Critical Care Nursing, Chronic Illness and Conditions Nursing, Oncology Nursing and Palliative Care, Gerontological Nursing, Global Health Nursing, Psychiatric and Mental Health Nursing, Home Care Nursing, Community/ Public Health Nursing, School Health, Women's Health Nursing, Midwifery
(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.

Occupational Experience (Professional positions, most recent last)	Month, Year – Month, Year	Description/Place

Language Proficiency (1=good 2=fair 3=poor)		Japanese	English	Other (_____)
	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: _____

Statement of purpose, educational goal and career direction thereafter (If you need additional space, please use a separate sheet)

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