# Application Form and CV for Audit Student

2024-2025

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

|  |
| --- |
| To: 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 as an audit student.The information I have provided in this application is true and accurately represented.**Applicant’s Signature:　　　　　　　　　　　 　　　　　　　　　　　　Date:**   (month/day/year) |
| **Name** |  (LAST NAME) |  (First name, Middle name) | **Maiden Name**(if applicable) |  |
| **氏名 Name in *kanji/kana***(if applicable) |  |  | [ ]  Male [ ]  Female |
| **Date of Birth** | Month: Day:　　　　　　Year: Age （　　　　） | **Nationality** |  |
| **Current Address** | zip code:  |
| **Tel** |  | **Email Address** |  |

|  |  |  |
| --- | --- | --- |
| **Course Code** | **Course Title** | **Number of Credits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Credits** | Credits | **Total Amount of Course Tuition** | JPY |

**\***Tuition per credit is 30,000 JPY. (St. Luke’s alumni are eligible for a half waiver.)

(Notes) 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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education**(after high school; chronological order) | Month, Year – Month, Year(enrollment - completion or expected completion) | Institution (and department, if applicable) | Location (country, city) | Type of degree (if any) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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)  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Please explain your purpose for auditing the course(s).** |  |
| **[Optional] English Language Proficiency Examination:** Please indicate your English proficiency exam scores, and submit a copy of the score report. Test: Score: Test Date:  |