# Application Form and CV

2025 Admissions for MPH Program

Graduate School of Public Health, St. Luke's International University

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| To: President of St. Luke's International University  Photo  Attach your photo taken within the last 3 months.  4(V) x 3(H) cm  Please accept my application for admission to the Graduate School of Public Health,  St. Luke's International University  The information I have provided in this application is true and accurately represented.  **Applicant’s Signature:** **Date:**  (month/day/year) | | | | | | | | |
| **Program**  (check one option) | | **☐** 1-year MPH (Spring enrollment only) **☐** 2-year MPH **☐** 3-year MPH  A change of the program after the application is not accepted in principle. However, **there is a possibility that the Admission Committee suggests it to an applicant for the 1-year program based on the exam results**. | | | | | | |
| **Enrollment** | | Spring  Fall | | | | | | |
| **Examination Method** | | **☐** In-person **☐** Online **☐** Either is fine | | | | | | |
| **Name** | (Last name) | | | (First name, Middle name) | | **Former name**  **(if applicable)** | | Male  ▪  Female  (circle one) |
| **Date of Birth** | Month: Day:　　　　　　Year:  Age （　　　　） | | | | **Nationality** | **Email Address** | | |
| **Current Address** |  | | | | | | **Tel** | |
| **Do you wish to be considered**  **for the scholarship funded by St. Luke’s Graduate School of Public Health?** | | | **☐** **YES**, I wish to be considered **☐** **NO**, I do not wish to be considered  \*If you checked “Yes”, please submit the separate Scholarship Application | | | | | |
| **Public Health Sub-Discipline(s) of Interest\*:** (Check all that apply)  Epidemiology  Clinical Epidemiology  Chronic Disease Epidemiology  Pharmaco-epidemiology  Public Health Nutrition  Biostatistics  Health Informatics  Behavioral Science  Health Policy and Management  Organization in Public Health  Environmental Health  Global Health  Maternal and Child Health  Medical Anthropology h  Health Economics  Infectious Disease  Medical Ethics  Systems Thinking  Others (please specify)  \*Please indicate your present interest(s). We understand that these may change in the future. | | | | | | | | |

(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 former 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) | Month, Year - Month, Year  (Enrollment - Graduation) | Institution (and department, if applicable) | City and Country | Degree |
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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) | Month, Year - Month, Year | Position, Institution and Department, Job Descriptions, and Location | | |
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| **Self-Assessed Language Abilitites**  (1=good, 2=fair,  3=poor) |  | | **Japanese** | **English** | | **Others ( )** |
| **Reading** | |  |  | |  |
| **Writing** | |  |  | |  |
| **Listening** | |  |  | |  |
| **Speaking** | |  |  | |  |
| **[Optional] English Language Proficiency Examination:** Please indicate your English proficiency exam scores if you have any. The information provided will not be assessed as a part of the entrance exam. | | | | | | |
| Test | | Score | | | Date (Day/Month/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)** |  | |
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| **Other Skills, Expertise, and Activities** |  | |
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| **Statement of Purpose**  **Instructions:**  Please explain your interest in public health, educational goals, and career direction. Please include descriptions of any experience or events that have influenced your decision to pursue training in public health.  [1-year MPH applicants only] In addition to the above, please explain your reasons for applying for the one-year program, how you think you will manage the pressure of study, work and life while studying intensively. Please describe a research or intervention plan you intend to implement as part of the Master's capstone project during the year of your study, if you have one.  (double-spaced in 12-pt font; 1,000 word limit) |
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