# Application Form and CV

2025 Admissions for Doctoral Degree Program

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

|  |
| --- |
| PhotoAttach your photo taken within the last 3 months. 4(V) x 3(H) ㎝To: President of St. Luke's International UniversityPlease accept my application for admission to the Doctoral Degree Program in Public Health, Graduate School of Public Health at St. Luke's International UniversityThe information I have provided in this application is true and accurately represented.**Applicant’s Signature:　　　　　　　　　　　 　　　　　　　　　　　　Date:**  (month/day/year) |
| **Enrollment** | [ ]  Spring [ ]  Fall |
| **Examination Method** | [ ]  In-person [ ]  Online [ ]  Either one 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** |  |
| **Current Address** | zip code:  |
| **Tel** |  | **Email Address** |  |
| **Written Examination** | The entrance examination consists of a written examination and an interview component. The 90-minute written examination will include a general public health question answered by all applicants, followed by a question chosen by the applicant from one of the topics of **Epidemiology, Biostatistics, Environmental health, Health and Behavioral Science, Global Health.****[Please select one of the following five areas]**[ ]  **Epidemiology** [ ]  **Biostatistics**[ ]  **Environmental Health** [ ]  **Health and Behavioral Science**[ ]  **Global Health**  |
| **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 |

 (Note)

1. Your personal information will only be disclosed and used for the purposes of this selection process.

2. If your current name is different from the one in other application documents, please indicate your former name in this form and submit the official document which certifies your identification. Please consult with the administrative office if the documentation is difficult to submit.

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 - Graduation) | Institution (and department, if applicable) | City and Country | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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; most recent first)   | Month, Year - Month, Year | Position, Institution and Department, Job Descriptions, and Location |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Awards and honors** (include research funding awards) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
| **Presentations**(e.g. oral and poster presentations, lectures, etc.) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other academic and professional activities**(e.g. society memberships, committees, etc.) | Month, Year | Description |
|  |  |
|  |  |
|  |  |
|  |  |
| **List of publications****(peer reviewed, most recent first)** |  |
|  |
|  |
|  |
|  |
| **Other skills, expertise, and activities** |  |
|  |
|  |
|  |

|  |
| --- |
| **Statement of Purpose****Instructions:** Please explain your interest in public health, research goals, and career direction. Please include descriptions of any experience or events that have influenced your decision to pursue training in public health. (double-spaced in 12-pt font; 1,000 word limit) |
|  |

|  |
| --- |
| **Summary of a Past Research Project****Instructions:** Summary of a past research project you have conducted, such as a Master's thesis, a capstone project or some other major research project verifiable by a published report or journal article. The summary must contain motivation and objective of the research, procedures of data collection (primary or secondary), methods used, and outcome of the research. (200 - 300 words) |
|  |

|  |
| --- |
| **Research Proposal****Instructions:** Research proposal could be of one or two paragraphs and must include the project title. It may contain brief descriptions of motivation (background/ rationale and public health significance), objectives (research question and hypothesis), methods (study design, data collection procedures, and data analysis plan), anticipated outcome, and timeline. (300 - 500 words) |
|  |