# Application Form and CV for Audit Student

2021-2022

**For admission to the 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)x３(H) ㎝  Please accept my application for admission to the Graduate School of Public Health,  St. Luke's International University as an audit student.  **Applicant’s Signature:　　　　　　　　　　　 　　　　　　　　　　　　Date:**  (month/day/year) | | | | | | |
| **Name** | (Last name) | (First name, middle name) | | **Maiden name** | | Male ▪ Female  (circle one) |
| **Date of Birth** | Month: Day:　　　　　　Year:  Age （　　　　） | | **Nationality** | **Email Address** | | |
| **Current Address** | zip code: | | | | **Tel** | |

**Check the box next to the course title(s) which you would like to take. Please make sure that you fulfill the prerequisites if the course specifies them in the application guidelines.**

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| --- | --- | --- | --- |
| Course Title | No of Credits | Course Title | No of Credits |
| Epidemiological Methods | 3 | Pharmaco-Epidemiology and Pharmaco-Economics | 3 |
| Epidemiology Practicum | 2 | Hospital Administration | 3 |
| Clinical Epidemiology | 3 | Introduction to Health Technology Assessment | 1 |
| Molecular Epidemiology | 3 | Health and Behavioral Science | 3 |
| Chronic Disease Epidemiology | 3 | Medical Anthropology | 3 |
| Biostatistics I | 3 | Medical Ethics | 3 |
| Biostatistics I Practicum | 2 | Introduction to Environmental Health | 3 |
| Biostatistics II | 3 | Global Health | 3 |
| Biostatistics II Practicum | 2 | Maternal and Child Health | 3 |
| Health Informatics and Decision Making | 3 | Global Infectious Diseases | 3 |
| Mathematical Methods for Public Health | 3 | Introduction to Public Health | 1 |
| Health Policy and Management | 3 | Public Health Nutrition | 3 |
| Health Economics | 3 | Healthcare Innovation | 1 |

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| **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)

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| --- | --- | --- | --- | --- |
| **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) |
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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 | Description (i.e. position, institution, location, and primary activity) | | |
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| **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: | |

Declaration of Authenticity

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| I have read and understood the information provided in the Admission Guide, and the information I have provided in this application is true and accurately represented. I understand that St. Luke`s Graduate School of Public Health Selection Committee retains the right to verify the accuracy of any of the above information, and further understand that discrepancies may result in the disqualification of my application to the Graduate School of Public Health.  **Date: / /**  **Signature** |