

Application Form for Graduate School of Pharmaceutical Sciences
for 2025 MEXT Scholarship Holder

*Type or write in block letters

1) Name:

Family Name , _____
First Name Middle Name
 male female

2) Date of birth:

Year / Month / Day _____
Age of April 1 , 2025

3) Nationality:

4) Present affiliation: name of the university or of the employer

5) Present address:

Telephone number:

E-mail address:

6) Name of professors by whom you wish to be supervised:

1st choice:

2nd choice:

3rd choice:

Name

Laboratory

7) Intended academic status after your enrollment as a research student:

I intend to enter

Master's program

Doctoral program

Date of application

Applicant's signature