

**Application Form (Doctor's Program)**  
The Graduate School of Medical and Dental Sciences  
Niigata University

<b>Name in Full</b>	(Sex) M • F		<b>Examinee's Number</b>
			※
<b>Date of Birth</b>	(year) (month) (day)	<b>Age</b>	<b>Nationality</b>
<b>Application Qualification</b>	<b>1 ; A Graduate of Faculty of Medicine or Dentistry</b> Name of School ; Faculty ; Date of graduation : (year) (month) (day) Graduation • Expected Graduation		
	<b>2 ; A Graduate of Other Faculty or Graduate School</b> (1) Name of School ; Faculty ; Date of graduation : (year) (month) (day) Graduation • Expected Graduation (2) Name of Graduate School ; Course and Major ; Master's Course • Doctor's Course Date of completion : (year) (month) (day) Completion • Expected Completion		
<b>Medical or Dental License(If any)</b>	Type of License : Date of issue :		
<b>Desired Division</b>			
<b>Present Address</b>	Telephone ; Fax ; E-mail ;		
<b>Parents or Guardian of Applicant</b>	Name in Full ;		
	Present Address ; Telephone ;		

Note ; (1) ※For office use only.

(2)Application Qualifications ; Please circle graduation or expected graduation(or completion) and the your course you entered.