

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

Name in Full			Examinee's Number
			※
Date of Birth	(year) (month) (day)	Age	Nationality
		(As of April 1st 2025 or October 1st 2025)	
Application Qualification	1 ; A Graduate of Faculty of Medicine or Dentistry Name of School ; Faculty ; Date of graduation : (year) (month) (day) Graduation ・ Expected Graduation		
	2 ; A Graduate of Other Faculty or Graduate School (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		
Medical or Dental License(If any)	Type of License : Date of issue :		
Desired Division			
Present Address	Telephone ; Fax ; E-mail ;		
Parents or Guardian of Applicant	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.