Application Form (Doctor's Program)

The Graduate School of Medicine, Dentistry and Health Sciences,
Niigata University

Doctoral Program of Medicine and Dentistry　Dental Program

<table>
<tr><td rowspan="2">Name in Full</td><td colspan="2"></td><td>Examinee's Number</td></tr>
<tr><td colspan="2">(Sex) M・F</td><td>※</td></tr>
<tr><td rowspan="2">Date of Birth</td><td rowspan="2">(year)　(month)　(day)</td><td>Age
(As of April 1st 2026)</td><td>Nationality</td></tr>
<tr><td></td><td></td></tr>
<tr><td rowspan="2">Application Qualification</td><td colspan="3">1 ; A Graduate of Faculty of Medicine or Dentistry
Name of School ;　　Faculty ;
Date of graduation : (year)　(month)　(day)
Graduation ・ Expected Graduation</td></tr>
<tr><td colspan="3">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</td></tr>
<tr><td>Medical or Dental License(If any)</td><td colspan="3">Type of License :
Date of issue :</td></tr>
<tr><td>Desired Division</td><td colspan="3"></td></tr>
<tr><td>Present Address</td><td colspan="3">Telephone ;　　Fax ;
E-mail ;</td></tr>
<tr><td rowspan="2">Parents or Guardian of Applicant</td><td colspan="3">Name in Full ;</td></tr>
<tr><td colspan="3">Present Address ;

Telephone ;</td></tr>
</table>

Note ; (1) ※For office use only.

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