

## WHAT TO DO FOR YOUR APPLICATION CHECKLIST

If you meet the criteria of eligibility listed above, you can apply for the program. In order to complete your application, all of the following documents must be submitted by 31<sup>st</sup> May 2019 to Admission Office of ADB-JSP Program, Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan.

※Note that the deadline is absolute and materials received after this specified deadline will not be accepted.  
Please use this checklist to make sure that all the necessary documents are ready to be posted.

**Name:** \_\_\_\_\_ (Male / Female)  
(Family name) (First name) (Middle name)

**Application for:**  Master course

Please tick  for accompanying documents in the following and attach this sheet with the documents.

1.  **Form #1** Application form for admission
2.  **Form #2** Self-evaluation form
3.  **Form #3** Health certificate completed by a registered medical doctor
4.  **Photograph** (3 cm×4 cm) taken within the past six months
5.  **Copy of passport**
6.  **Academic Records** such as copy of Diploma/Graduate Certificate and Transcripts.
7.  **Certification of Annual Income** (i.e. latest Income Tax Return or Certificate of Annual Income/Monthly Income whichever is available, show computation of conversion in US\$.)
8.  **Certification of Family Income** (Parents' Income if Single or Spouse Income if Married, please also show computation of conversion to US\$. If status is unemployed, retired, deceased, kindly send copies of authenticated supporting documents.)
9.  Score sheet of **TOEFL** (Test of English as a Foreign Language), **TOEIC** (Test of English for International Communication) or **IELTS** (International English Language Testing System) described on Form #2. The candidate should submit the score. This is a must.
10.  A copy of the most important research paper, report, or publication authored by the applicant, if any.
11.  **Two Evaluation Reports (Form #4&#5)** are preferably prepared and signed by a dean, a chairperson of the department or a professor of the university you attend or attended most recently.

WHO WILL WRITE AND SEND THE EVALUATION REPORTS?

1. \_\_\_\_\_ 2. \_\_\_\_\_

12.  **Information Sheet**

Note that all the documents submitted will not be returned.

**APPLICATION FOR ADMISSION**

**ADB-JSP MASTER PROGRAM, SCHOOL OF INTERNATIONAL  
HEALTH, THE UNIVERSITY OF TOKYO**

Please complete the form in block letters or type, so that your information can be easily read.

1. Name: \_\_\_\_\_ (Male/Female)  
(Family name) (First name) (Middle name)

2. Date of birth: \_\_\_\_\_

3. Nationality: \_\_\_\_\_

4. Marital status: (Single/Married)

5. Family members residing in Japan: (Yes/No) (relationship )

6. Current student or employment status (with name of university or employer):  
\_\_\_\_\_

7. Current mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Permanent home address:  
\_\_\_\_\_

8. Academic record(s) :

(a) Bachelor: (Degree) \_\_\_\_\_  
(Major) \_\_\_\_\_  
(Dates) From to \_\_\_\_\_  
(Day/Month/Year) (Day/Month/Year)  
(Name and address of institution) \_\_\_\_\_

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- (b) If you have received other Bachelor, Masters or Doctoral degrees, please indicate the details below.
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9. Total period of education (from elementary school to last institution of education)

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Years

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10. Please indicate here one of the Departments in School of International Health, the University of Tokyo, in which you wish to undertake your research. (Please consult with GUIDE TO SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO.)
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11. Please describe your research proposal during the course when you are admitted to the ADB-JSP Program, using less than 2 pages of sheets attached.

12. Explain the title and contents of your research proposal

Research title:

Contents:

(continued)

**SELF-EVALUATION OF ACADEMIC LEVEL**

**ADB-JSP PROGRAM IN SCHOOL OF INTERNATIONAL  
HEALTH THE UNIVERSITY OF TOKYO**

Name of applicant: \_\_\_\_\_

1. English language proficiency (Mark one of the following five categories):

- Equivalent to native English speaker
- Excellent
- Good
- Usual
- Poor

2. Most recent score of TOEFL, TOEIC or IELTS.

TOEFL: (score) \_\_\_\_\_ (date) \_\_\_\_\_

TOEIC: (score) \_\_\_\_\_ (date) \_\_\_\_\_

IELTS: (score) \_\_\_\_\_ (date) \_\_\_\_\_

3. State your scholastic abilities as clear as possible, and if you have received awards or scholarships, please specify them.

**CERTIFICATE OF HEALTH** (to be completed by examining physician) Please print or type in English.

Name: ( Mr./ Ms.)

Date of birth:

1. Physical examination

Height: Body weight: Blood pressure: /

Pulse: (regular/ irregular)

Visual acuity (eyesight): (R) (L)  
(with glasses or contact lenses): (R) (L)

2. Describe the results of X-ray examinations of applicant's chest (X-rays taken more than 6 months prior to the certification are NOT valid).

Date:

Film No.:

Cardiomegaly: ( + ± -)

3. Past history: please indicate with [+] for YES or[-]for NO.

Tuberculosis:	Kidney disease:
Malaria:	Cardiac disease:
Rheumatic fever:	Diabetes:
Epilepsy:	Allergy:
Other communicable diseases (if YES, specify):	

4. Please describe your impressions of the patient.

(a) Is the applicant emotionally stable?

(b) Does the applicant appear to have a normal behavior pattern?

Physician's name in print:

Office/institution (Name and address):

Date:

Signature:

**CONFIDENTIAL EVALUATION REPORT ON APPLICANT FOR ADB-JSP PROGRAM AT THE SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO**

Name of applicant:

\_\_\_\_\_ (Mr./Ms.)  
 \_\_\_\_\_  
 Family name              First name              Middle name

To the Recommender:

The person named above is applying for admission to the Asian Development Bank- Japan Scholarship Program (ADB-JSP) in School of International Health, The University of Tokyo. We are grateful if you would let us know your confidential opinion of the applicant's academic abilities and potential for research, together with some comments on his/her personality, in the following form.

This report is confidential. Therefore, it should be sealed up in the envelope. Thank you in advance for your kind cooperation.

1. Please rate the applicant's academic abilities. Tick either one in the following box.

Outstanding	(Highest 10%)	<input type="checkbox"/>
Good	(Next highest 15%)	<input type="checkbox"/>
Above average	(Next 15%)	<input type="checkbox"/>
Average or below	(Low 60%)	<input type="checkbox"/>

2. Please describe the applicant's qualification including reasons for considering him/her for the program, together with some comments on his/her personality on the back side of this sheet.

Recommender's name: \_\_\_\_\_

Current position: \_\_\_\_\_

Date:

Signature:



**CONFIDENTIAL EVALUATION REPORT ON APPLICANT FOR ADB-JSP PROGRAM AT THE SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO**

Name of applicant:

\_\_\_\_\_ (Mr./Ms.)  
 \_\_\_\_\_  
 Family name              First name              Middle name

To the Recommender:

The person named above is applying for admission to the Asian Development Bank- Japan Scholarship Program (ADB-JSP) in School of International Health, The University of Tokyo. We are grateful if you would let us know your confidential opinion of the applicant's academic abilities and potential for research, together with some comments on his/her personality, in the following form.

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Good	(Next highest 15%)	<input type="checkbox"/>
Above average	(Next 15%)	<input type="checkbox"/>
Average or below	(Low 60%)	<input type="checkbox"/>

4. Please describe the applicant's qualification including reasons for considering him/her for the program, together with some comments on his/her personality on the back side of this sheet.

Recommender's name: \_\_\_\_\_

Current position: \_\_\_\_\_

Date:

Signature: