

*安全保障輸出管理 <input type="checkbox"/> 承認済み (承認日： 月 日) <input type="checkbox"/> その他 確認者： _____	*願書受付印	*検定料領収印
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FORM I (1/3)

*受験番号	
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* Please DO NOT fill in the above blanks

<p style="text-align: center;">APPLICATION FOR ADMISSION Doctoral Course (Dentistry Program) (For students enrolling in October 2025)</p>
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(入学願書 博士課程 2025 年 10 月入学)

INSTRUCTIONS

- 1.The application should be typed if possible, or neatly handwritten in block letters.
- 2.Numbers should be in Arabic numerals.
- 3.Years should be written using the Anno Domini system.

1. Name in full in native language _____
(氏名 (自国語または漢字))

(Sex)
☐Male (男)
☐Female (女)

In Roman block capitals _____
(英字)

In pronunciation kana _____
(読み仮名)

2. Nationality _____
(国 籍)

3. Date of birth (生年月日)

Year (年) Month (月) Day (日) Age (as of October 1, 2025) (年齢 (2025 年 10 月 1 日現在))

4. The institution from which you have graduated / will graduate. (卒業した, あるいは卒業予定の機関)

Institution (機関) Year (年) Month (月)

5. Major Field and supervisor to which you wish to apply (志望分野名・受入(希望)教員名)

: _____ / ☐Prof.

6. Present address and telephone number, facsimile number, e-mail address
(現住所及び電話, ファックス番号, e-mail アドレス)

Present address (現住所) : _____

Telephone/facsimile number (電話/ファックス番号) : _____

E-mail address : _____

7. Educational background (学歴)

	Name and Address of School (学校名及び所在地)	Year and Month of Entrance and Completion (入学及び卒業年月)	Period spent at the school attended (修学年数)	Diploma or Degree awarded, Major (学位・資格, 専攻科目)
Elementary Education (初等教育) Elementary School (小学校)	Name (学校名) Location (所在地)	From (入学) To (卒業)	years (年) and months (月)	
Secondary Education (中等教育) Lower Secondary School (中学)	Name (学校名) Location (所在地)	From (入学) To (卒業)	years (年) and months (月)	
Upper Secondary School (高校)	Name (学校名) Location (所在地)	From (入学) To (卒業)	years (年) and months (月)	
Higher Education (高等教育) Undergraduate Level (大学)	Name (学校名) Location (所在地)	From (入学) To (卒業)	years (年) and months (月)	
Graduate Level (大学院)	Name (学校名) Location (所在地)	From (入学) To (卒業)	years (年) and months (月)	
Total years of schooling stated above (以上を通算した全学校教育修学年数) as of October 1, 2025 (2025 年 10 月 1 日現在)			years (年)	

*If the space above is not sufficient for the information required, please use a separate sheet and attach it to this document.
((注) 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

8. Employment Record: Begin with most recent employment, if applicable. (職歴)

Name and address of organization (勤務先及び所在地)	Period of employment (勤務期間)	Position (役職名)	Type of work (職務内容)
	From To		
	From To		
	From To		

9. Diploma or License Record. (学位・資格)

Name of diploma or license (名称)	Year and Month of acquisition (取得年月)	Conferment organization (授与機関)
	years (年) months (月)	
	years (年) months (月)	
	years (年) months (月)	

* I swear the above is a true statement
(上記のとおり相違ありません)

Date of application:
(申請年月日)

Applicant's signature:
(申請者署名)

Applicant's name
(in Roman block capitals):
(申請者氏名)

EXAMINATION TICKET / PHOTO SHEET

受験票

写真票

Please attach a current photograph* of yourself on the Photo Sheet.
*Taken within the past 3 months showing head/upper body, with head uncovered, 5 cm high × 4 cm wide.

Examination Ticket (受験票)			
Doctoral Course (博士課程)		Admission in October 2025	
Examinee's Number (受験番号)	*	Name (氏名)	
Major Field (志望分野)			

* Please DO NOT fill in the above blanks

Photo Sheet (写真票)			
Doctoral Course (博士課程)		Admission in October 2025	
Examinee's Number (受験番号)	*		attach photo (5 cm high x 4 cm wide)
Name (氏名)			
Date of birth (生年月日)			
Year (年) Month (月) Day (日)			
Sex (性別) <input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)			