

**Biwako Career Development Program for International Medical Students
Application Form**

Name	
Enrollment	<ul style="list-style-type: none"> - Doctoral Program, Graduate School of Medicine - Doctoral Program, Graduate School of Nursing - Master's Program, Graduate School of Nursing (Circle either one)
Course	<p>Doctoral Program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advanced Medical Science Course <input type="checkbox"/> Advanced Medicine for Clinicians Course <input type="checkbox"/> Interdisciplinary Medical Science and Innovation Course <input type="checkbox"/> NCD Epidemiology Leader's Course <input type="checkbox"/> Nursing <p>Master's Program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nursing
Year	Year
Affiliation	Department
Financial situation	<ul style="list-style-type: none"> - Government-sponsored - Privately-financed (Circle either one)

I hereby apply for the "Biwako Career Development Program for International Medical Students" as stated above.

Date:

Signature

**Biwako Career Development Program for International Medical Students
Statement of Purpose**

Name	
Enrollment	Doctoral Program (Medicine)/ Doctoral Program (Nursing) / Master's Program
Year	Year
1. Reasons to apply for this program	
2. Things you want to learn/acquire in this program	
3. Plans after completing graduate school	

Biwako Career Development Program for International Medical Students

Letter of Consent

Student's Name	
Enrollment	Doctoral Program (Medicine)/ Doctoral Program (Nursing) / Master's Program
Year	Year

I hereby give my consent for the above-mentioned student to enroll in the "Biwako Career Development Program for International Students."

Date: _____

Affiliation: _____

Position : _____

Name : _____