**Application for Doctoral Course: Kurume University Graduate School of Medicine**

様式２ Form 2

**志　願　理　由　書　　Statement of Purpose**

※受験番号欄は、記入しないでください。Applicant’s number should be left blank.

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| 受験番号  Applicant’s number | ※ | 氏名  Name | Last name First & middle names | |
| 最終学歴  University degrees | 大学  University | | | |
| 研究科  Graduate School | | | 専攻  Course |
| 年　　　　 月  Date/Expected date of completion (YY/MM) | | | □修 了 completed  □修了見込 expected to complete |
| 志望専攻名  Course applied for |  | | | 指導教授名  Academic Supervisor |
| **志望理由（研究計画含む）**Statement of Purpose (Motivation for Graduate Study and Research Proposal)  本科目を志願した理由と学問に対する情熱、および社会人特別選抜試験での受験者は、仕事（あるいは家庭）と学業の両立性について、考えを500字以内で記入すること。  Describe your motivation and purpose of study including reasons for applying to the subject and passion for academics in 250 words or less. Candidates applying under professional category should describe about compatibility of work (or family) and academic achievement upon enrollment. | | | | |