# Application Materials for GRIPS/PWRI Master’s Program

**Advance Information**: **Internal Use Only**

1. The Application Process

Selection for admission is based on the evaluation of supporting documents submitted. Before starting your application, please carefully review the following application process.

You will NOT be registered as an applicant until we have received a complete set of your required supporting documents by post.

If you have applied to GRIPS in previous years and wish to reapply this year, any supporting documents you submitted previously cannot be used for this year’s application.

Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS.

Ensure that all supporting documents meet our requirements (see Section 2).

All of your supporting documents must reach the JICA office (or the Embassy of Japan) by the designated deadlines. It is your responsibility to prepare all supporting documents far enough in advance so as to meet the designated deadline. Incomplete applications and applications received after the deadline will not be considered.

Applicants are responsible for the timely delivery to the JICA office (or the Embassy of Japan) of all required documents. We strongly recommend that you send the documents by registered mail or courier service well ahead of the deadline.

Applicants must send all required supporting documents together in one package. Make sure to write your name on the envelope. In extenuating circumstances you may have your official transcripts and certificates of graduation/degree sent directly to us by the registrars of the universities you have attended. In such cases, please enclose a memo with your application explaining the circumstances.

All materials submitted by an applicant become the property of GRIPS and will not be returned. Please make sure to keep one copy of your application for your records.

**Protection of personal information**

All personal information that we receive from applicants will be used solely for the purposes of admissions screening, collecting statistical information, student registration, educational affairs, and collection of tuition. All information provided by applicants in their applications and supporting documents will remain confidential.

2. Supporting Documents

All documents must be in English. Documents in languages other than English must be accompanied by an official translation. If the organization issuing a document cannot issue an official English version of that document, you are required to submit both the official document (photocopies are not acceptable), written in its original language and bearing the organization’s stamp or the signature of the issuing person, and an official English translation of the document, prepared by an accredited translator. We will not accept your own translations.

Supporting documents, which can be prepared solely by the applicant, should be typed or printed wherever possible (A4 size paper and single-sided printing are preferable). If circumstances require, documents legibly handwritten with a pen or a ballpoint pen are acceptable.

If your name as written in your application is different from that on the document(s) you submit, please submit a copy of the relevant pages of your passport by post along with the rest of your supporting documents, all in one package. If there is some reason (e.g. marriage) for the difference, please also submit official documentation of that reason (e.g. marriage certificate).

Faxed documents or digital copies sent by e-mail will not be accepted.

Do not attach any additional documents apart from the items listed below.

**◆Please check ☑ whether you have submitted all the necessary documents**

|  |  |  |
| --- | --- | --- |
| **1.** | **Application for admission to GRIPS/PWRI Master’s Program** (use the designated form)  Please prepare a photograph of your face, in accordance with the stipulations on the form, and paste it onto the form. |  |
| **2.** | **Two (2) letters of recommendation** (use the designated form)  Your letters of recommendation must be written by faculty members or job supervisors who are familiar with your academic and/or professional abilities. Ideally, one recommendation letter should come from a former professor or academic supervisor.  You are required to obtain the letters from your recommenders using the designated form and submit them by post along with the rest of your supporting documents, all in one package. Each of your letters must contain both of the two A4 pages provided. Letters submitted that do not use our designated forms will not be accepted. They must be submitted in sealed, unopened envelopes signed across the flap by the recommender. For details, please see the explanation on the designated form. |  |
| **3.** | **Certificate of employment** (use the designated form)  You are required to submit this if you are currently employed. Please ask your employer to complete a certificate that contains the same information (e.g., position, department/section, name of organization) as that stated in your Application Form.  You are required to obtain a certificate (including a leave of absence approval, if applicable) from your employer using the designated form and submit it by post along with the rest of your supporting documents, all in one package. For details on required contents, please see the explanation on the designated form. |  |
| **4.** | **Official transcripts of academic record and graduation/degree certificates**  **You are advised to show the instructions below to registrars at each of the universities that you attended when you request issuance of transcripts/certificates in accordance with our requirements.**  You must submit by post official transcripts and graduation/degree certificates from all undergraduate and graduate institutions attended. These must be documents issued by the university and bearing the seal or signature of the registrar, and they must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities.   * Official transcripts of academic record   Official transcripts should contain the following information: the name of the degree program/course, the enrollment period, the names of all courses taken and grades received, and the grading scale including the maximum grade point/score. It is helpful to have the student's rank in the class included in the information. You should obtain your official transcripts from each university you attended. If you are currently attending a university, please submit your most recent transcript.   * Official graduation/degree certificates   Official certificates should state the name of your degree and the date the degree was awarded. You should obtain your official graduation/degree certificates from each degree awarding institution. If you are currently attending a university, you must submit an authorized statement of expected graduation certifying the specific date of graduation and title of the expected degree upon completion of the program. Do not send your original diploma, as documents will not be returned.  Important notes   * Transcripts/certificates that have been opened are not acceptable. * Transcripts/certificates without the institution’s official stamp or the signature of the registrar are not acceptable. * Photocopies of transcripts/certificates that have been verified by a notary public are not acceptable. * If a university has a policy not to issue more than one official transcript/certificate, you may submit official photocopies verified by the university. To be official, these must bear the institution’s official stamp or the signature of the registrar. They must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities. * If a university cannot issue an official English version of your transcript/certificate, you are required to submit both the official transcript/certificate (photocopies are not acceptable), written in its original language and bearing the institution’s stamp or the signature of the registrar, and an official English translation of the document, prepared by an accredited translator. * If an official transcript does not include the grading scale including the maximum grade point/score, you are required to request your university to issue an official letter providing the details of the grading scale (including the maximum grade point/score) that was in effect during the period you attended the university. That letter should be enclosed in the same envelope as the transcript. * Provisional or temporary graduation/degree certificates are not acceptable.   If you attended a partnership/affiliated/associated institution, please submit an official document certifying the relationship between the degree awarding institution and institution where the education was actually conducted; the document must be issued by the degree awarding institution. |  |
| **5.** | **Official evidence of English ability**  One of the following test scores is required:  1. TOEFL iBT: 79 or higher  2. IELTS Academic: 6.0 or higher  Please note that English test scores are valid for two years from the test date, and therefore, tests must have been taken within two years of the time of enrollment at GRIPS. TOEFL PBT, revised TOEFL Paper-delivered Test and TOEFL ITP scores are not acceptable.  How to apply for a waiver of the English language proficiency requirement  (Please note that there are two categories in our English test exemption policy.)  Category 1: Applicants who have completed or expect to complete an undergraduate or a graduate degree at an accredited institution located in the USA, the UK, Canada, Australia, New Zealand, or Ireland will be automatically exempted from submitting an English test score.  Category 2: Applicants who have completed or expect to complete an undergraduate or a graduate degree at an institution where the language of instruction is English may request a waiver of the English language proficiency requirement. If you wish to apply for such a waiver, you must submit, as evidence, official documents issued by the educational institution you attended, certifying that your undergraduate or graduate education was conducted entirely in English. This document must be issued by the university and bear the seal or signature of the registrar, and it must be submitted in a sealed, unopened envelope with the university logo and address noted; the envelope must be signed or stamped across the flap by the issuing school authority. You are advised to show these instructions to the registrar at the university that you attended when you request issuance of the document in accordance with our requirements.  Please note that the granting of your language waiver request is at the discretion of our screening committee and that your request for a language waiver will be considered at the time of screening. This means that there is a possibility that your waiver request will be denied. If possible, we strongly recommend that you take a TOEFL or IELTS test prior to your application. |  |
| **6.** | **Statement of purpose** (use the designated form)  For details on required content, please see the explanation on the designated form. |  |
| **7.** | **Certificate of health** (use the designated form) |  |

3. After You Apply

**Notify the JICA office (or the Embassy of Japan) of any changes**

You must notify the JICA office (or the Embassy of Japan) by e-mail as soon as possible of any changes in your personal data (e.g. address, phone number) that may occur after you have completed your application. In case of any changes in your employment information (e.g., promotion, transfer), as soon as possible after the change occurs you must submit by post a certificate of employment that certifies your new status, using the designated form.

Details regarding the graduate program may be obtained at the following websites:

<http://www.grips.ac.jp>/en/

http://www.pwri.go.jp/eindex.html

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| For GRIPS Use: Application ID |  |

Application for Admission

Photograph

Taken within the last three months, providing a clear, front view of your entire face.

(4cm x 3cm)

to GRIPS/PWRI Master’s Program 2021-2022

**(Please type or print, and use normal text, NOT “ALL CAPITAL LETTERS.”)**

Please complete each section as fully and accurately as possible. Please respond to all questions. The information you provide is essential in reviewing your application.

Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS.

PERSONAL DATA

1. Full name:

As written in your passport, from left to right, top to bottom (English alphabet only)

2. Date of birth: 3. Age (as of October 1st, 2021):

Month/Day/Year

4. Gender:  Male  Female 5. Marital status: Single  Married

6. Nationality:

As written in your passport

7. Present employer (name of organization):

(Does your organization belong to a central or regional authority?  Central  Regional  Neither)

(Upon admission to GRIPS,  I will be given study leave by my employer.  I will quit my job.)

8. Present position, department/section:

9. Work address:

Postal code: Country:

TEL:  **-** FAX:  **-**

Country code - complete number Country code - complete number

10. Residential address:

Postal code: Country:

TEL:  **-** FAX:  **-**

Country code - complete number Country code - complete number

11. Preferred mailing address:  Work  Residence  Other, namely (Fill in the following fields.)

Address:

Postal code: Country:

TEL:  **-** FAX:  **-**

Country code - complete number Country code - complete number

12. E-mail 1:

E-mail 2:

APPLICATION INFORMATION

13. Education History

Tertiary Education

* List the names of the undergraduate and graduate (if applicable) institutions you attended or are currently attending.
* Enter the names of the degrees you received and dates of enrollment at each institution.
* If your official transcript of academic records or graduation/degree certificate states your GPA, honors, class, or rank, enter this information as it is shown in your transcript or certificate.
* The field(s) “Year & month of graduation” must be completed in accordance with the date(s) on which your degree(s) was (were) awarded/conferred, as stated in your official graduation/degree certificate(s).
* If there is insufficient space for entering all the institutions you have attended, please add new rows as needed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Tertiary education | Full name of institution & location (city & country) | Year & month of enrollment | Year & month of graduation | Duration of schooling | Name of degree | GPA  (if available) | Honors/class/ rank/ division  (if available) |
| Undergraduate  level  (Bachelor’s) |  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |
| Graduate  level  (Master’s/  Doctoral) |  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |

From Primary to Secondary Education (Before Tertiary Education)

* If there is insufficient space for entering all the institutions you have attended, please add new rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From primary to secondary education | | Full name of institution | Period of attendance | | Duration of schooling |
| (from)  Month, year | (to)  Month, year |
| Elementary school | |  |  |  | years  and  months |
| Middle school/Junior high school | |  |  |  | years  and  months |
| (Senior) High school | |  |  |  | years  and  months |
|  |  | | | | |
| Total number of years and months of education \*  (from elementary education to undergraduate/graduate education inclusive) | | | | | years  and  months |

\*Calculate and write the total number of years and months of education you will have completed at the time of your enrollment at GRIPS, based on your total time as a student (as detailed above, including extended leaves such as summer vacation).

1. English proficiency:

One of the following test scores is required. Please note that English test scores are valid for two years from the test date, and therefore, **tests must have been taken within two years of the time of enrollment at GRIPS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TOEFL iBT: |  |  |  | The minimum acceptable test score is 79. |

Score Month/Day/Year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | IELTS Academic: |  |  |  | The minimum acceptable test score is 6.0. |

Score Month/Day/Year

|  |  |  |
| --- | --- | --- |
| Other information: |  | Undergraduate education instructed in English |
|  |  |  |
|  |  | Graduate education instructed in English |

Location of the accredited institution where you have completed or expect to complete an undergraduate/graduate degree:

|  |  |  |
| --- | --- | --- |
|  |  | The USA, the UK, Canada, Australia, New Zealand, or Ireland |
|  |  |  |
|  |  | Other country |

1. List below two persons familiar with your academic and/or professional activities, from whom you have requested letters of recommendation.

1.

Name Position and affiliation

2.

Name Position and affiliation

16. List your current and previous employment (up to five positions) **in reverse chronological order,** starting with your most recent position.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization, type, & city | Job title and description (maximum 20 words) | Dates | |
| (from)  Month, year | (to)  Month, year |
|  |  |  |  |
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CERTIFICATION

I certify that to the best of my knowledge all information given above is correct and complete, and I understand that any omission or misinformation may invalidate my admission or result in dismissal.

Signature of the applicant Month/Day/Year

Please submit this form along with other supporting documents by courier or registered mail.

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LETTER OF RECOMMENDATION 2021-2022

TO THE APPLICANT: Please complete this section (“Your name” and “Recommender’s name”), and give this form to your recommender who knows you well. Have your recommender complete the form, put it in an envelope, seal the envelope, sign it across the flap, and return the letter to you. Include this letter with your application and all the other application materials when sending in your application.

|  |  |
| --- | --- |
| Your name: |  |
|  | As written in your passport, from left to right, top to bottom (English alphabet only) |
| Recommender’s name: |  |

TO THE RECOMMENDER: Please write a recommendation letter for the above applicant, sign it, enclose it in an envelope, seal the envelope, and sign it across the flap. Return the sealed envelope to the applicant. This recommendation letter will remain confidential and will be used for application screening purposes only. You may attach additional sheets if the space provided is insufficient.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | How long have you known the applicant? | | | | | |  | | | years | | | | | |  | | months | |
| 2. | In what capacity have you known the applicant? | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 3. | How often have you interacted with the applicant? | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Daily |  | Weekly |  | Monthly |  | Rarely | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | |  | | | | | | |  | |
| 4. | In comparison with other students/staff whom you have known in the same field, how would you rate the applicant’s overall **academic** ability?   |  |  |  | | --- | --- | --- | |  | | | |  |  | Outstanding (top 5%) | |  |  | Excellent (top 10%) | |  |  | Good (top 20%) | |  |  | Average (top 50%) | |  |  | Below average (lower 50%) | |  |  | Unable to comment | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 5. | In comparison with other students/staff whom you have known in the same field, how would you rate the applicant’s overall **professional** ability?   |  |  |  | | --- | --- | --- | |  | | | |  |  | Outstanding (top 5%) | |  |  | Excellent (top 10%) | |  |  | Good (top 20%) | |  |  | Average (top 50%) | |  |  | Below average (lower 50%) | |  |  | Unable to comment | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 6. | Please evaluate the applicant in the areas below as excellent, average, poor, or unable to comment. | | | | | | | | | | | | | | | | | |
|  |  | Excellent | | | Average | | | | Poor | | | | | Unable to comment | | | |
|  | Academic performance |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Intellectual potential |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Creativity & originality |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Motivation for graduate study |  |  |  |  |  | |  |  | | |  |  |  |  | |  |

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| --- | --- |
| 7. | Discuss the applicant's competence in his/her field of study, as well as the applicant's career possibilities as a professional worker, researcher, or educator. In describing such attributes as motivation, intellectual potential, and maturity, please discuss both strong and weak points. Specific examples are more useful than generalizations. |
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| 8. | Discuss the applicant's character and personality. Please comment on his/her social skills, emotional stability, leadership skills, and reliability. |
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| 9. | **For university professors and instructors only**  Is the applicant’s academic record indicative of the applicant's intellectual ability? If no, please explain. |
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| 10. | Additional comments, if any. |
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|  |  |
| 11. | How would you evaluate the applicant's overall suitability as a candidate for admission to a graduate program at the National Graduate Institute for Policy Studies? |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Outstanding |  | Good |  | Average |  | Poor | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person completing this form: | | | |  | | | | |
| Position/title: |  | | | | | | | |
| Name of organization: | |  | | | | | | |
| Address: |  | | | | | | | |
| TEL: |  | | FAX: | |  | | E-mail: |  |
|  | Country code - complete number | |  | | Country code - complete number | |  |  |
| Signature: |  | | | | | Date: |  | |
|  |  | | | | |  | Month/Day/Year | |

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| For GRIPS Use: Application ID |  |

CERTIFICATE OF EMPLOYMENT 2021-2022

This form must be completed by, or under the authority of, the applicant’s employer or equivalent official. Please note that the official stamp or seal of, and signature by, any person other than the above persons will be considered as invalid.

This certificate must contain the same information (e.g., position, department/section, name of organization) as that stated in the applicant’s Application Form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYER DETAILS** | | | | | | |
| Name of organization: | |  | | | | |
| Address: | |  | | | | |
|  | |  | | | Postal code: |  |
| TEL: |  | | FAX: |  | E-mail: |  |
|  | Country code - complete number | |  | Country code - complete number |  |  |

EMPLOYEE DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This is to certify that | |  | | | | |
|  | | Full name of applicant (as written in his/her passport) | | | | |
| has been employed by this organization from | | | |  | to |  |
|  | |  | | Month/Day/Year |  | Month/Day/Year  Please write “Present” above if the person is on a permanent contract. |
| Present position, department/section: | | |  | | | |
| Responsibilities: |  | | | | | |
|  | | | | | | |
| Civil servant qualification (e.g., BCS, IAS, IRS, CSS), if applicable: | | | | | | |
| This applies to applicants from Bangladesh, India and Pakistan. | | | | | | |

LEAVE OF ABSENCE APPROVAL

Please tick only one box below.

* I will approve a leave of absence for the above employee to study at GRIPS if he/she is admitted for a period of one year.
* I will not approve a leave of absence for the above employee to study at GRIPS if he/she is admitted.

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| --- | --- | --- | --- |
| **Authorized person completing this form:** | |  | Please put an official stamp or seal in this space.  If the official stamp or seal is in your local language and an English version is not available, please write its English translation in the margin of this form. |
| Name: |  |  |
| Position/title: |  |  |
| Signature: |  |  |
| Date: |  |  |
|  | Month/Day/Year |  |

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| For GRIPS Use: Application ID |  |

STATEMENT OF PURPOSE 2021-2022

Please state your purpose for studying at GRIPS, the area of study you wish to pursue, your short-term and long-term career goals, and how your qualifications and experience match the requirements of the program you are applying for. Summarize your present duties and responsibilities and describe how your studies at GRIPS might contribute to your career. If you are still in school, describe your future career aims and explain how your studies at GRIPS would help you achieve them. (300-500 words)

**健康診断書**

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

**Please fill out (PRINT/TYPE) in Japanese or English. Do not leave any items blank.**

氏名 □男 Male 　　　　　生年月日 年齢

Name : □女 Female　　　　 Date of Birth : Age :

　　　　 Family name, 　　　　 First name Middle name

１．身体検査　Physical Examinations

　(1) 身　長　　　　　　　　　 体　重

　　　Height　　　　　 cm 　 Weight　　　　　 kg

ＲＨ ＋

　　－

A B O

　(2) 血　圧　　　　　　　　　　　　　 血液型

　　　Blood pressure 　　　　　　 mm/Hg～ 　　　　 mm/Hg Blood Type

脈拍数　　 　 　　　　 □整 regular

Pulse Rate ＿＿＿/min □不整 irregular

　(3) 視　力

　　　Eyesight : (R) 　　(L)　　 　　　　　　　 (R) 　　　 (L)　　　　　　　.

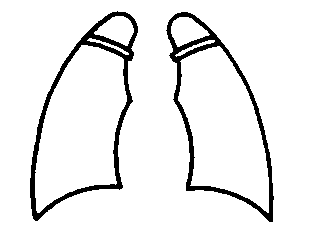
　　　　　　　　 　 裸眼 without glasses　　　　 矯正　with glasses or contact lenses

　(4) 聴　力 □正常 normal 言　語 □正常 normal

Hearing : □低下 impaired speech : □異常 impaired

２．申請者の胸部について，聴診とＸ線検査の結果を記入してください。Ｘ線検査の日付も記入すること（6ヶ月以上前の検査は無効｡)

Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).

 　肺　　　　　　　　　　　　　　　　　　　　　　　　 心臓

　　　　　　　　　　　　　　　　lung: □正常 normal 　　　Date　　　　　　　　　　　 Cardiomegaly:□正常 normal

　　　　　　　　　　　　　　　　　 　□異常 impaired 　　　　　　　　　　　　　　　　　　　　　 □異常 impaired

　　　　　　　　　　　　　　　　　　　　　　　　　　 Film No.　　　　　　　　 .

心電図

Electrocardiograph

□正常 normal □異常 impaired

　　　　　　　　　　　　　　　　　　Describe the condition of applicant's lung.

.

３．現在治療中の病気 　　□Yes (Disease: 　　 　 Medicine: 　　　)

　　Disease & Treatment at Present 　　　□No

４．既往症　Past history : Please indicate with ＋ or － and fill in the date of recovery.

Tuberculosis……□( . . ) Malaria……□( . . ) Measles……□( . . )

Epilepsy……□( . . ) 　　　　　　Kidney disease……□( . . ) Heart diseases……□( . . )

Diabetes……□( . . ) 　　　　　　Drug allergy……□( . . ) Psychosis……□( . . )

Functional disorder in extremities……□( . . ) Others……□( . . )

Rheumatic fever……□( . . ) 　　　　　 Hepatitis……□(Type: A, B, C, D, E) ( . . )

５．ワクチン接種歴　Vaccination history

MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( ) Mumps……□ Time(s) ( ) 　　　　　　Hepatitis B……□ Time(s) ( )

MMR (Measles, Mumps. Rubella)……□ Time(s) ( ) 　　　　　　Chicken pox……□ Time(s) ( ) Meningitis……□ Time(s) ( )

MR (Measles, Rubella)……□ Time(s) ( )　　 Polio……□ Time(s) ( )

M (Measles)……□ Time(s) ( ) 　　　　　　Diphtheria Pertussis Tetanus combined……□ Time(s) ( )

６．検　査　Laboratory tests

　　検 尿　Urinalysis:glucose( ),protein ( ),occult blood ( )・検　便　Feces: Parasite(egg of parasite)(+,-)

赤沈　ESR :　　　　mm/Hr,　WBC count :　　　　x103/μl, Hemoglobin:　　　　g/dl, ALT:　　　　u/l

Pregnancy test ( ) if you are female

７．診断医の印象を述べて下さい。　Please describe your impression.

８．志願者の既往歴，診察・検査の結果から判断して，現在の健康の状況は充分に留学に耐えうるものと思われますか？

In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan？　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　yes □　　no □

日付　　　　　　　　　　　　　署名

Date: 　　　　　　　　　　 Signature: 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　.

　　　　　　　　　　医　師　氏　名

　　　　 　Physician's Name in Print: 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　.

　　　　　　　　 検査施設名

Office/Institution: 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 .

　　　　　　　　　　 　 所在地

Address: 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　.