



Mie University Graduate School of Medicine

2-174 EDOBASHI, TSU, MIE 514-8507, JAPAN

Visiting Student Application for Elective Study at Mie University School of Medicine

Family Name _____ First Name _____ Middle Name _____

Home Address _____

Phone Number including the Country Code _____

E-mail Address _____

Date of Birth (day/month/year) _____ / _____ / _____

Nationality _____

Gender (male or female) _____

Language Proficiency

1st _____

2nd _____

3rd _____

Name of Your Medical School _____

Address of Your Medical School _____

Present Grade (Year) at Medical School _____

Expected Date of Graduation (month/year) _____

Corresponding Faculty Member at Your Medical School _____

Phone Number of the Faculty Member + _____ - _____ - _____

E-mail Address of the Faculty Member _____ @ _____

Specialty of Interest for Elective at Mie University and Expected Duration of the Rotation

1st _____ : _____ weeks

2nd _____ : _____ weeks

3rd _____ : _____ weeks

Proposed Dates of Elective From _____ To _____

Expected Date of Entry to Japan _____

Expected Date of Departure from Japan _____



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Please answer below questions. Mie University School of Medicine needs the information to support your safe stay and effective study. These are not regulations to enter our elective program.

Do you require official report on completion of your elective? (yes • no)

Have you completed clinical rotation at basic areas such as Medicine and Surgery?
(yes • no)

Can the Dean or your supervisor at your medical school send a supporting letter?
(yes • no)

Do you have insurance covering personal health during your elective in Japan?
(yes • no)

Do you have insurance covering malpractice/professional liability during your elective in Japan?
(yes • no)

Do you have history of measles or record on immunization to measles? (yes • no)

Do you have history of rubella or record on immunization to rubella? (yes • no)

Do you have history of varicella or record on immunization to varicella? (yes • no)

Do you have history of mumps or record on immunization to mumps? (yes • no)

Do you have history of pertussis or record on booster immunization to DPT?
(yes • no)

Do you have record on three series of immunization to hepatitis B? (yes • no)

Are you confirmed to be free from active tuberculosis in the last one year?
(yes • no)

I hereby declare that the information provided above is correct to the best of my knowledge and will abide by whatever decision Mie University School of Medicine makes with regard to my application.

Applicant Signature _____

Date _____

Please affix a recent photo (passport size)

