

Gifu University Graduate School of Medicine
Request for Preliminary Screening of Eligibility
(出願資格審査申請書)

Dear

Gifu University Director of Research, Faculty of Medicine,
(岐阜大学大学院医学系研究科長 殿)

志望分野

Field of interest: _____

氏 名

Name: _____

生年月日

Date of birth: _____

Tel : _____

Email: _____

I apply for a qualification review with the following required documents.
(下記の必要な書類を添付の上、資格審査を申請します。)

Application Eligibility Requirement Category (出願資格区分)

☐ Eligibility Requirement 6

☐ Eligibility Requirement 8

【Necessary documents】

- ・ Curriculum vitae (履歴書)
- ・ Research Activities (研究歴証明書)
- ・ Certificate of graduation and Academic transcript (卒業証明書、成績証明書)
- ・ Each copy of published research papers, books and research presentations (研究業績)