

Date: _____

Application for Visiting Student in laboratory

Nagoya University School of Medicine

All applicants must be acknowledged that they have read, understand and will comply with all of the eligibility requirements. Please refer to our website at: <http://www.med.nagoya-u.ac.jp/intlexch/english/abroad/overseas.html>

1. Please type or clearly print your name exactly as it appears on your passport. (Last name, First, Middle)

2. Name of the student's Current School

3. Current mailing address, Email address, Phone number, and Nationality:

_____ Nationality: _____

4. Please specify name of Laboratory you intend to study at Nagoya University School of Medicine.

For list of Laboratory, please refer to our website: https://www.med.nagoya-u.ac.jp/medical_E/laboratory

- _____ : _____ weeks

5. Period of the stay which you intend to study: MONTH/Day/Year (e.g., JAN 01, 2014)

_____ to _____

(Starting Date: Monday only)

(Wrap up Date: Friday only)

6. Applying for student dormitory (Please choose)

YES

NO

Completed application should be sent along with other necessary documents to:

Office of International Affairs, Nagoya University School of Medicine

65 Tsurumai-cho, Showa-ku Nagoya, Aichi 466-8550 Japan

Your personal information will be used only for the admission procedure, appropriately managed, and never used for other purpose. "