

Application for Visiting Student Clinical Clerkship 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.	Name (Last name, First, Middle)				2. Birthday (Month/Day/Year)		
3.	University, School			4. Year in program and length of program			
5.	Nationality	6. Mailing Addr	ess		7. Phone Number		
9.	Check as appropriate						
		senior medical stude semester in own sch		of the clerks	sship with sufficient experience of clinical cler	kship at	
		senior medical stude			sship but will have sufficient in own school.		
10		-	-		University School of Medicine. d.nagoya-u.ac.jp/medical_E/laboratory/		
-				:	weeks		
-					weeks		
-				:	weeks		
-				:	weeks		
		To	tal Number of	f weeks:	weeks		
11	. Period of the clerkship v	vhich you intend to s	tudy: Month/I	Day/Year (e.g	.g., JAN/01/2014)		
	/ / (Starting Date: Monday	only) to	/ (Wrap up Da	/ nte: Friday on	only)		
12	. Applying for student don	rmitory (Please choo	se)				
	Yes No)					

The student dormitory will be applied after you are formally admitted, however, please note that all the room may be occupied depends on the seasons. If available, it costs about JPY 26,000-32,000 +utility fee per month. Regardless of the move-in or move-out date, you will be charged one month's dormitory fee. Duration of your stay is the same as your program written above. For more details, please contact us.

Completed application should be sent along with other necessary documents to: med-intl@t.mail.nagoya-u.ac.jp

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