

Date /

Application for Visiting Student Clinical Clearkship 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. Yea	ır	5. Nationality	
6.	Mailing Address				
7.	Email Address		8.	Phone Number	
9.	Check as appropriate				
	I am currently a senior medical student (final year).				
	I will be a senior medical student at the time of the clerkship with sufficient experience of clinical clerkship at least over one semester in own school.				
10	Please specify name of Department(s) you intend to sture For list of Department, please refer to our website at: h		•		
-		:	<u> </u>	weeks	
-		:	:	weeks	
-			: <u> </u>	weeks	
-		:	<u> </u>	weeks	
	Total Number			weeks	
11	. Period of the clerkship which you intend to study: Mon	th/Day/Yea	ar (e.g., J	AN/01/2014)	
	/ / to / (Starting Date:Monday only) (Wrap up	/ Date: Frida	av only)		
		Dute. I Hat	iy oniy)		
12	Applying for student dormitory (Please choose)		_		
	Yes No / Male		Fema	il	

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. It costs about JPY 26,000+utility fee per month. Visiting students are allowed to stay at the dormitory between the day before and after their clinical clerkship.

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

international@med.nagoya-u.ac.jp

Office of International Affairs, Nagoya University School of Medicine 65 Tsurumai-cho, Showa-ku Nagoya, Aichi 466-8550 Japan