**SAKURA Science Program**



**Application Documents Checklist**

**This application form is for students who intend to participate in short-term visiting program at Tohoku University, graduate school of medicine. As soon as this program is approved and authorized by Japan Science and Technology Agency, the exchange program will be implemented by Tohoku Tabunka Academy (TTA) , an official receiving organization of SAKURA Science Program. Application forms should be sent to TTA by mail. Deadline is April 15th .**

**TTA address : info@tta-foundation.org**

**Please fill out this checklist and submit together with the application documents.**

**Applicant Name:**

**Have you ever visited Japan ? □ YES (Purpose: ) □ NO**

**Please check your status**

**Name of University**

**□　Undergraduate Nonmedical Student. Year Candidate for Master’s program**

**□　Undergraduate Medical Student. Year**

**□　Graduate Student with Master’s degree. Year Candidate for Doctor’s program**

**□　Graduate Student with Doctor’s degree. Year**

**□　other academic status . Year**

**Please check**

|  |  |  |  |
| --- | --- | --- | --- |
| check |  | Candidate for  Master’s program | Candidate for  Ph.D. program |
|  | Application Documents Checklist |  |  |
|  | Application forms No. 1- 5 |  |  |
|  | A letter of recommendation (sealed original copy) |  |  |
|  | Research plan |  | Optional |
|  | A certificate of student status (native language and/or English) |  |  |
|  | Diploma for Bachelor’s degree |  |  |
|  | Academic transcript from your institute |  |  |
|  | Passport Copy (Photo page) |  |  |

If any of the boxes above are not checked, state the reason below.

**Application Form 1**

Attach your photo taken within the last 3

months.

Write your name and

nationality in block

letters on the back of

the photo.

(H: 40mm, W: 30mm)

**Applicant Name:**

**The application form should be typewritten, or neatly handwritten in block letters in Roman alphabet (unless otherwise specified).**

1. **Applicant Information**

Family name:

Given name:

Name in Chinese characters or your native language:

Nationality: Date of birth:

Date Month Year

Gender: □ Male □ Female

Current address:

City/State  Country Postal code

Phone: [ ] Mobile: [ ]

Country code Country code

E-mail address:

Address for mailings (if different from above):

City/State  Country Postal code

Phone: [ ]

Country code

Emergency Contact:

Name: Relation to applicant:

Phone: [ ] Email address:

Country code

1. **Academic Background**

In chronological order, please list all schools you have attended from high school education to the last or current school you are attending.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution name | Department/Major | Started (yy/mm) | Completed (yy/mm) | Degree awarded |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Application Form 2**

1. **Academic Activities**

In reverse chronological order, please list all of academic activities including presentations in academic conference, seminar, symposium or any other academic meeting (official or unofficial) ,in and out of your institutes.

|  |  |  |  |
| --- | --- | --- | --- |
| Meeting/ conference name | Type(poster/oral)\* | Date (yy/mm/date) | Title |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Lab skills**

Please let us know all of your academic or lab skills you acquired.

(Examples: biological skills such as animal handling, surgical procedures, biochemical, histological procedures, genetics, computer programing, data processing such as statistical analysis, software programing, data base skills, computer languages (matlab, C++ , R ) engineering, field works, and any other skills for scientific researches.

|  |  |
| --- | --- |
| Lab skills | Lab skills |
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

1. **List articles, books, or other material published, and any inventions patented.**

|  |
| --- |
|  |
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1. **List academic honors, prizes, fellowships, scholarships, traineeships, or honorary scholarships you have received, or honor societies to which you have been elected.**

|  |
| --- |
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|  |
|  |

If there is insufficient space to outline all your achievements or activities on this page, please attach additional pages.

**Application Form 3**

**Statement of Purpose/Study Plan**

|  |
| --- |
| Describe in detail what you wish to accomplish and how you plan to carry out your study in Tohoku University; Approx. 400 words in English |
|  |

**Application Form 4**

Please check one of the following programs you are interested at Tohoku University, Graduate school of medicine:

□ Master’s Program of Medical Sciences

□ Doctor’s program of Medical Sciences

□ Disability Science Doctoral Program / Health Science Doctoral Program

Please select laboratories you would like to visit during your stay in this program. Laboratories are listed in attached files and fill the following forms: the name of laboratory, the name of principal investigator and the theme of research. Please list in order of preference and briefly explain why. For information regarding the faculty members, you can check the following website.

http://www.int-exchange.med.tohoku.ac.jp/

If you do not have specific laboratories in mind, please let us know your interest of research field at least, we will make every effort to find and assign laboratories according to your interest.

**Main research of interest 1 2 3**

|  |
| --- |
| Reason why you are interested in the field of research |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Department | Laboratory / Principal Investigators | Theme of research |
|  | |  |  |
| Reason to visit this laboratory or if you have already contact with this laboratory, please indicate your personal communication. | | | |
| Communication by e-mail □ more than 3 times □ twice □ once □ none | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | Department | Laboratory / Principal Investigators | Theme of research |
|  | |  |  |
| Reason to visit this laboratory or if you have already contact with this laboratory, please indicate your personal communication. | | | |
| Communication by e-mail □ more than 3 times □ twice □ once □ none | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 | Department | Laboratory / Principal Investigators | Theme of research |
|  | |  |  |
| Reason to visit this laboratory or if you have already contact with this laboratory, please indicate your personal communication. | | | |
| Communication by e-mail □ more than 3 times □ twice □ once □ none | | | |

**Application Form 5**

**Language Proficiency**

**Native Language:**

Please evaluate your language level and check where appropriate in the following blanks.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Good | Fair | Poor | No background |
| **English We accept TOEFL iBT Score as your English Language proficiency. TOEFL iBT Score** | | | | |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Listening |  |  |  |  |
| Speaking |  |  |  |  |
| **Japanese** | | | | |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Listening |  |  |  |  |
| Speaking |  |  |  |  |
| **Other ( )** | | | | |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Listening |  |  |  |  |
| Speaking |  |  |  |  |

Have you learned Japanese? □ Yes □ No

If yes, how long have you been studying the Japanese language? Years

Briefly explain the type of courses you have taken in Japanese, and any relevant experiences.

Course name/ experience Explanation

Infection Control History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Diseases** | **Date of vaccination** | **Positive/Negative**  **(titer, year)** | **Diseases** | **Date of vaccination** | **Positive/Negative**  **(titer, year)** |
| Tuberculosis: |  |  | Rubella: |  |  |
| Mumps: |  |  | Hepatitis B: |  |  |
| Chickenpox: |  |  | Other:(specify) |  |  |
| Measles: |  |  |

**Declaration:**

**I certify that the information contained in this application, in the statement of purpose, and in the supporting documents is complete and accurate, and I understand that submission of inaccurate information may be sufficient cause for denial of admission or termination of enrollment.**

Signature: Date:

**LETTER OF RECOMMENDATION**

Applicant Name： ,

Legal family name (surname) First name (given name) Middle name

**THIS PART TO BE COMPLETED BY THE RECOMMENDER**

**To the recommender**: The person named above is applying for SAKURA science exchange program at Tohoku University School of medicine. We would appreciate your personal impressions of the applicant’s intellectual ability, aptitude in research, and/or professional skills. Please comment on the applicant’s character, the quality of previous work, and the promise of productive scholarship in Japanese or English. Please enclose this form in an envelope, **seal it, sign it across the seal, and return it to the applicant**. If there is insufficient space, please attach a separate sheet.

Please rate this applicant in each category.

Current Academic Performance

□Below average □Average □Good □Outstanding □Truly exceptional □Inadequate opportunities to observe

Future Intellectual Potential

□Below average □Average □Good □Outstanding □Truly exceptional □Inadequate opportunities to observe

Motivation for scientific Research

□Below average □Average □Good □Outstanding □Truly exceptional □Inadequate opportunities to observe

Recommender’s name (in capital letters)：

Position or title: School or company:

Address:

Telephone Number: 　　　　　　　　　　　 Email:

Signature: Date:

**RESEARCH PLAN ( not mandatory)**

**Please state your research plan at Tohoku University, if you have a chance to study as a graduate student in the future. It is not mandatory, but helpful for us to know your research interest.**

|  |
| --- |
| **Title of research plan:**  **Background:**  **Purpose**  **Method**  **Prediction of results**  **Impact of this study** |