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| **※접수번호** | |  | | | | | | | | | |  | | |
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| **APPLICATION FOR INTERNATIONAL STUDENT** | | | | | | | | | | | | | | |
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| 성 명(Name) |  | | | | | | | | | | | | Photo  (3.5㎝x 4.5㎝) | |
| (Last Name) | | (First Name) | | | (Middle Name) | | | | (Title) | | |
| 생년월일  (Date of Birth) |  | | | | 성별  (Gender) | | | 남(Male) ( ) | | | | |
| 여(Female) ( ) | | | | |
| 국적  (Nationality) |  | | | | | | | | | | | |
| 주 소(Address) |  | | | | | | | | | | | | | |
| 연 락 처  (Contract Number) | Tel | | |  | | | | | C.P | | |  | | |
| E-mail | | |  | | | | | | | | | | |
| 학력사항  (Education) | Date  (from to) | | | Name of School | | | Required Year of Study | | | | Major | | | Diploma of Degree |
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| 희망과 및 기간  (Apply Department & Period ) | Period : from November 21 to December 2, 2016  from December 5 to December 16, 2016  Department : the 1st choice: Department of    the 2nd choice: Department of    the 3rd choice: Department of  ※Please choose 3 departments among the following departments; Radiation, Obstetrics and Gynecology, Cardiovascular (Internal Medicine),  Plastic & Reconstructive Surgery, Ophthalmology, Surgery, Neurology,  Anesthesiology and Pain Medicine, Pathology | | | | | | | | | | | | | |
| 비상시 연락처  (Contract Number  in case of  emergency) | Name in full :  Address :  Telephone : 　　 Fax : | | | | | | | | | | | | | |
| Date of application :  (Year) (Month) (Day)  Signature of Application : | | | | | | | | | | | | | | |

次の項目は日本語で記入してください。

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| 氏　　　名 |  | |
| 志望の動機 | | この実習で何を学びたいですか。 |
| 受講科目を選択（希望）した理由は何ですか。 |
| この実習で得たものを、どう生かしていこうと思っていますか。 |
| 語学に関する資格  （TOEICなど） | |  |
| そ の 他 | | 中国医科大学臨床実習事業を希望していますか？  はい・いいえ（どちらかに○をつけてください）  ※「はい」の方にお尋ねします、第１希望はどちらですか？  　韓国カトリック大学・中国医科大学（どちらかに○をつけてください） |

* **提出期限： ６月２０日（月）**

**※　提 出 先：事務局経営企画課　主査（国際・学術交流）内線(２１６６）※医学部東棟２階**