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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, 2016from December 5 to December 16, 2016Department : 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 Numberin case ofemergency) | 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**