

別記様式 2

CURRICULUM VITAE

Name: Kokusai Igaku
Address: West-17, Chuo-ku, Sapporo, Hokkaido
Tel: +81-11-611-2111 ext.2166
Fax: +81-11-611-2237
Email: hoppou@sapmed.ac.jp
Date of Birth: June 25, 1983
Nationality: Japan
Department ○○○○○
Faculty Medicine
Institution Sapporo Medical University

EDUCATION and DEGREES

学歴を記入

PROFESSIONAL CAREER

職歴を記入

QUALIFICATION

資格を記入

MAIN TRAINING FIELD

主な研修分野を記入

MAIN TRAINING PLANS in VISITING INSTITUTION

留学先での研修内容を記入

VISITING TERM

留学期間を記入

CAREER OF STUDYING ABROAD

留学経験を記入

QUALIFICATION OF ENGLISH

英語資格を記入 (TOEIC TOEFL など)

REMARKS

その他特記事項があれば記入