**WHAT TO DO FOR YOUR APPLICATION**

CHECKLIST

If you meet the criteria of eligibility listed above, you can apply for the program. In order to complete your application, all of the following documents must reach by 17:00 (JST) 30th June 2023 to both email addresses below.

**ADB-JSP secretariat in school of International Health, The University of Tokyo**

**adb@m.u-tokyo.ac.jp, kaotanaka@m.u-tokyo.ac.jp**

※Please note that the deadline is absolute and nothing will be accepted after this date.

Please use this checklist to make sure you have all the required documents.

Applicants cannot apply for both ADB-JSP program 2024 and Master’s program in the

Graduate School of Medicine. If both applications are found in screening, they will be

considered invalid.

**Name**: (Male / Female) (Family name) (First name) (Middle name)

**Application for**: □ Master course

Please tick ☑ for accompanying documents in the following and attach this sheet with the documents.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | □ | **Form #1** | Application form for admission |
| 2. | □ | **Form #2** | Self-evaluation form |
| 3. | □ | **Form #3** | Health certificate completed by a registered medical doctor |

4. □ **Photograph** (3 cm×4 cm) taken within the past six months \*A jpeg format is acceptable.

5.□ **Copy of passport**

6. □ **Academic Records** such as copy of Diploma/Graduate Certificate and Transcripts.

7. □ **Certificate of Employment and Compensation (issued by the company with company’s  
　letterhead/logo and signed by authorize signatory).**

　　The certificate must state the following details:

　　a. Start date of employment;

　　b. End date of employment;

　　Example:

　　1. January 2016 to December 2017

　　2. January 2016 to Present (if currently working/connected to the company)

　　c. Monthly or Annual Income

　　(Note: if in local currency, fill-out and submit the income conversation to USD form provided by

　　ADB-JSP)

　　Note: if the present job is less than 2 years, submit also the certificate of employment from the previous  
　　company**.**

8.□ **Certificate of Family Income issued by the company (with company’s letterhead/logo):**

　　a. Parents’ Annual/Monthly Income if applicant is single;

　　b. Spouse’s Annual/Monthly Income if applicant is married

　　(Note: if in local currency, fill-out and submit the income conversation to USD form provided by

　　ADB-JSP)

　　c. If status is unemployed, retired or deceased, an authenticated supporting document must be submitted

　　(e.g. issued by the local government)

9. □ Score sheet of **TOEFL** (Test of English as a Foreign Language), or **IELTS** (International English  
　 Language Testing System) described on Form #2. A candidate should submit the score. This is a  
　　must.

10. □ A copy of the most important research paper, report, or publication authored by the applicant, if any.

11. □ **Information Sheet**

12. □ **Two Evaluation Reports (Form #4&#5 )** are preferably prepared and signed by a dean, a  
　　 　chairperson of the department or a professor of the university you attend or attended most recently.   
　　　　The report should be submitted to the ADB-JSP secretariat from the recommender directly using the  
　　　 link provided. The link information will be given after all application documents have been confirmed.

WHO WILL WRITE AND SEND THE EVALUATION REPORTS?

1. 2.

**Please note that the submitted documents will not be returned.**

**APPLICATION FOR ADMISSION**

**ADB-JSP MASTER PROGRAM, SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO**

Please complete the form in block letters or type, so that your information can be easily read.

1. Name:

(Male/Female)

(Family name) (First name) (Middle name)

1. Date of birth:
2. Nationality:
3. Marital status: (Single/Married)
4. Family members residing in Japan: (Yes/No) (relationship )
5. Current student or employment status (with name of university or employer):
6. Current mailing address:

Telephone number:

Fax number:

E-mail:

Permanent home address:

1. Academic record(s):
   1. Bachelor: (Degree)

(Major)

(Dates) From to (Day/Month/Year) (Day/Month/Year)

(Name and address of institution)

* 1. If you have received other Bachelor, Masters or Doctoral degrees, please indicate the details below.

1. Total period of education (from elementary school to last institution of education)

Years

1. Please indicate here one of the Departments in School of International Health, the University of Tokyo, in which you wish to undertake your research. (Please consult with GUIDE TO SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO.)

1. Please describe your research proposal during the course when you are admitted to the ADB-JSP Program, using less than 2 pages of sheets attached.

Explain the title and contents of your research proposal

Research title:

Contents:

(continued)

**SELF-EVALUATION OF ACADEMIC LEVEL**

**ADB-JSP PROGRAM IN SCHOOL OF INTERNATIONAL HEALTH THE UNIVERSITY OF TOKYO**

Name of applicant:

1. English language proficiency (Mark one of the following five categories):

Equivalent to native English speaker Excellent

Good Usual Poor

1. Most recent score of TOEFL or IELTS.

TOEFL: (score)

(date)

IELTS: (score) (date)

1. State your scholastic abilities as clear as possible, and if you have received awards or scholarships, please specify them.

**CERTIFICATE OF HEALTH** (to be completed by examining physician)

Please print or type in English.

|  |  |  |
| --- | --- | --- |
| Name: | ( Mr./ Ms.) |  |
| Date of birth: |  |
| 1. 1. Physical examination |  |
| Height: Body weight: | Blood pressure: | / |
| Pulse: (regular/ irregular) |  |  |
| Visual acuity (eyesight): (R) | (L) |  |

(with glasses or contact lenses): (R) (L)

1. Describe the results of X-ray examinations of applicant's chest (X-rays taken more than 6 months prior to the certification are NOT valid).

Date:

Film No.:

Cardiomegaly: ( + ± -)

1. Past history: please indicate with [+] for YES or[-]for NO.

Tuberculosis: Kidney disease:

Malaria: Cardiac disease:

Rheumatic fever: Diabetes:

Epilepsy: Allergy:

Other communicable diseases (if YES, specify):

1. Please describe your impressions of the patient.
2. Is the applicant emotionally stable?
3. Does the applicant appear to have a normal behavior pattern?

Physician's name in print:

Office/institution (Name and address):

Date: Signature:

**CONFIDENTIAL EVALUATION REPORT ON APPLICANT FOR ADB-JSP PROGRAM AT THE SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO**

Name of applicant:

(Mr./Ms.)

Family name First name Middle name

To the Recommender:

The person named above is applying for admission to the Asian Development Bank- Japan Scholarship Program (ADB-JSP) in School of International Health, The University of Tokyo. We are grateful if you would let us know your confidential opinion of the applicant's academic abilities and potential for research, together with some comments on his/her personality, in the following form.

This report is confidential. Therefore, it should be sealed up in the envelope. Thank you in advance for your kind cooperation.

1. Please rate the applicant's academic abilities. Tick either one in the following box.

|  |  |  |
| --- | --- | --- |
| Outstanding | (Highest 10%) | □ |
| Good | (Next highest 15%) | □ |
| Above average | (Next 15%) | □ |
| Average or below | (Low 60%) | □ |

1. Please describe the applicant's qualification including reasons for considering him/her for the program, together with some comments on his/her personality on the back side of this sheet.

Recommender's name:

Current position:

Date: Signature:

**CONFIDENTIAL EVALUATION REPORT ON APPLICANT FOR ADB-JSP PROGRAM AT THE SCHOOL OF INTERNATIONAL HEALTH, THE UNIVERSITY OF TOKYO**

Name of applicant:

(Mr./Ms.)

Family name First name Middle name

To the Recommender:

The person named above is applying for admission to the Asian Development Bank- Japan Scholarship Program (ADB-JSP) in School of International Health, The University of Tokyo. We are grateful if you would let us know your confidential opinion of the applicant's academic abilities and potential for research, together with some comments on his/her personality, in the following form.

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1. Please rate the applicant's academic abilities. Tick either one in the following box.

|  |  |  |
| --- | --- | --- |
| Outstanding | (Highest 10%) | □ |
| Good | (Next highest 15%) | □ |
| Above average | (Next 15%) | □ |
| Average or below | (Low 60%) | □ |

1. Please describe the applicant's qualification including reasons for considering him/her for the program, together with some comments on his/her personality on the back side of this sheet.

Recommender's name:

Current position:

Date: Signature: