

- (b) If you have received other Bachelor, Masters or Doctoral degrees, please indicate the details below.

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

Years

10. 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.)

11. 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

2. Most recent score of TOEFL or IELTS.

TOEFL: (score) _____ (date) _____

IELTS: (score) _____ (date) _____

3. 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. Physical examination

Height: _____ Body weight: _____ Blood pressure: _____ /

Pulse: (regular/ irregular)

Visual acuity (eyesight): (R) _____ (L) _____
(with glasses or contact lenses): (R) _____ (L) _____

2. 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: (+ ± -)

3. 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): _____

4. Please describe your impressions of the patient.

(a) Is the applicant emotionally stable?

(b) 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**

Form #4

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 the School of International Health, The University of Tokyo. We would be 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%) | <input type="checkbox"/> |
| Good | (Next highest 15%) | <input type="checkbox"/> |
| Above average | (Next 15%) | <input type="checkbox"/> |
| Average or below | (Low 60%) | <input type="checkbox"/> |

2. Please describe the applicant's qualifications, including reasons for considering him/her for the program, together with some comments on his/her personality in a separate letter.

Recommender's name: _____

Current position: _____

Date:

Signature: