

## Application Checklist and Submission Instructions

出願書類のチェックリストと出願の説明

### O-NECUS Program 2024-2025 Application Submission to Okayama University Friday, December 15, 2023

Application documents for O-NECUS program 2024-2025 are now available.

We encourage you to gather and complete following documents sooner.

2024年度入学のO-NECUSプログラムの募集要項ができました。

早めに書類を揃えるようにして下さい。

1. Read the instruction carefully on the form as you complete your applications. 願書をよく読む。
2. Take TOEIC, TOEFL, IELTS, or/and JLPT. 語学能力試験を受ける。
3. Find a department which suite you the most. 自分にあつた教育研究分野を見つける。  
Departmental Information: <https://www.hsc.okayama-u.ac.jp/mdps/o-necus.html>
4. Get a permission to take an exam from prospective supervisor in Japan. 受験の許可を得る。
5. Provide the documents in the checklist below. 下記にあるチェックリストの書類を全て準備する。
6. Submit your completed documents to the International Office at your university.  
大学へ出願書類を提出する。
7. Take Oral Examination (March) 面接を受ける。(3月)
8. Wait for the result (Middle of April) 合格発表を確認する。(4月中旬)

#### ★Document Checklist★

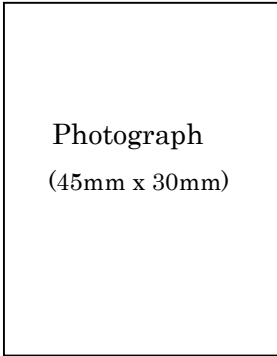
All documents must be written in English/ すべての出願書類は英語で記入してください。

Please mark  if you provided

1. **Application Checklist and Submission Instructions 【Form①】**  
出願書類のチェックリストと出願の説明【様式①】
2. **Application for O-NECUS Program 2024-2025 【Form②】**  
入学願書【様式②】
3. **O-NECUS Program Personal History Form 【Form③】**  
O-NECUS プログラム履歴書【様式③】
4. **Certificate of Student Registration issued by your university 【Official document】**  
現在在籍している大学の在籍証明書【大学が発行する公式なもの】
5. **Letter of Recommendation from your professor with his/her signed 【Form④】**  
在籍大学指導教授の推薦書【様式④】
6. **Personal Statement of Research Planning Sheet 【Form⑤】**  
研究計画書【様式⑤】
7. **Certificate of Health 【Form⑥】**  
健康診断書【様式⑥】
8. **Original or certified copies of official test scores and transcripts**  
語学能力を証明する書類
9. **E-mail exchange record between you and prospect supervisor at Okayama Univ.**  
※In the E-mail, there has to be a statement that the supervisor agrees you to take an examination.  
受入希望教員との E-mail 通信録 ※受験可能な旨を記載してあること。
10. **Copy of your Passport (if you have)**  
パスポートのコピー (持っている方のみ)

# Application for O-NECUS Program 2024-2025

You must complete and submit required application documents no later than **December 15, 2023**. If you miss the deadline or make an illegible response will result in revoked or cancelled the registration.



■ **Applicant Name** Please print your name as it appears or will appear in your passport.

(自国語) Native language

\_\_\_\_\_

(ピンイン) Pinyin

\_\_\_\_\_

\_\_\_\_\_

FAMILY NAME

First name

■ **Marital Status** Single Married

**Gender** Female Male

■ **Date of Birth**       /      /      

yyyy / mm / dd

**Age** \_\_\_\_\_

■ **Current Address, Telephone Number, and Email**

(Current Address)

(Telephone Number)

(Email)

■ **Current Student Status at University in China**

(Institution)

(Division)

(Department)

**Period of Enrollment** From       /      /       To       /      /      

■ **Previous Student Status at University in China (Undergraduate)**

(Institution)

(Division)

(Department)

**Period of Enrollment** From       /      /       To       /      /      

■ **Prospective Supervisor at Okayama University**

(Department)

(Supervisor)

■ **Title of Research at Okayama University**

(English)

■ **Keywords**

(English)

■ **Supervisor at University in China**

(Email)

## O-NECUS Program Personal History Form

## Applicant's Name

(自国語) Native language

(ピンイン) Pinyin

FAMILY NAME

First name

Academic Record		Name	Year and Month of Entrance and Completion From To	Duration
	Primary Education			
	Lower Secondary Education			
	Upper Secondary Education			
	Tertiary Education (Undergraduate)			
	Tertiary Education (Graduate)			
Employment record	From To	Name of organization and position		
<p><b>List your significant publications</b> (published paper, presented paper, report, conferences, etc.). Please give enough information such as title, year, journal name, co-authors in order for the committee to check the work.</p> <p>【English】</p>				
Language proficiency	Japanese			
	English			(e.g. TOEFL score 570)
	Others			

After you are accepted and enrolled at Okayama Univ., and you have to go back your country during O-NECUS program (October 1, 2024 ~ September 30, 2025) due to any unavoidable reasons, such as the medical exam, please write a month and reason.

When:

Reason:

## Letter of Recommendation

Dear Dean,  
Graduate School of Health Sciences,  
Okayama University

I recommend this applicant below for admission to O-NECUS program 2024. I believe that he/ she is a capable to perform at a superior level. I hearby agree that I will supervise him/her jointly with supervisors at Okayama University.

(自国語) Native language

\_\_\_\_\_  
(ピンイン) Pinyin

\_\_\_\_\_  
FAMILY NAME

\_\_\_\_\_  
First name

### Title of Research at University in China

(English)

Please use the space below to describe the applicant's ability.

Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Personal Statement of Research Planning Sheet

### Applicant's Name

(自国語) Native language

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(ピンイン) Pinyin

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FAMILY NAME

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First name

**Institution** \_\_\_\_\_

**Supervisor at University in China** \_\_\_\_\_

**Title of Research at Okayama University-**

(English)

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Please use the space below to describe general information about your research.

## 健康診断書 CERTIFICATE OF HEALTH

\*Fill in this form in English

	受験番号 Examinee's Number	※	
氏名 Name	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female (FAMILY NAME) (First name)		
	生年月日 Date of Birth	年 Year	月 Month
		日生 Day	(満 歳) Age
現住所 Present Address			
既往症 Past History			
身長 Height		体重 Weight	
	cm		kg
視力 Eyesight	(With Glasses or Contact Lenses)		
	右 Right ( )	聴力 Hearing	右 Right
	左 Left ( )		左 Left
胸部X線 Chest X-ray Examination	<input type="checkbox"/> 間接 Indirect <input type="checkbox"/> 直接 Direct 所見 Impression		
内科学的所見 Physical or Psychological Conditions			
現在の健康状態 及び疾病異常 Present Condition of Health and Disease			
その他の所見 Other Remarks			
上記のとおり診断します。 I hereby declare that the above statement given above is true and correct.  年 月 日 Year Month Day 医師氏名 (Physician's Name in Print): _____  医療機関名 (Office/Institution): _____  住所 (Address): _____  電話番号 (Telephone Number): _____  <div style="text-align: right;">_____ 印 Official Seal and Signature</div>			

(注) 診断事項中、異常がない場合もその旨記入して下さい。 ※の欄は記入しないでください。  
Please fill in this paper even you cannot find any abnormality. Colum※is an office use only.