



# THE JIKEI UNIVERSITY SCHOOL OF MEDICINE

3-25-8, Nishi-shimbashi, Minato-ku, Tokyo 105-8461 JAPAN

## Elective Student Application Form

### Personal details

Family name ..... Male/female .....  
First name(s) ..... Address .....  
Date of birth .....  
Place of birth .....  
Nationality ..... Telephone .....  
Ethnic origin ..... E-mail .....

Next of kin (*please state relationship to you*) .....  
Address (*if different from above*) .....  
.....

Emergency contact telephone number and E-mail address  
Telephone..... E-mail.....

### Academic details

Full address of Medical School .....  
.....  
Expected end of studies(month/year) . *This should not include your internship/residency.*  
.....  
Summary of medical education to date  
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### Proposed course of study

Specialty in which elective is sought (in order of preference)

1. .... 2. ....  
Proposed dates of elective (Maximum 8 weeks). Give exact dates and alternate dates, if possible.  
.....  
Details of other electives arranged outside your own medical school  
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**Reference**

Give the name, address and telephone number of a referee who could make reference to your general character and intellectual ability.

**Referee**

Family name ..... Address .....  
Given name(s) .....  
Telephone .....  
E-mail .....  
What is the relationship of this referee to you .....

**Personal Statement**

In no more than 500 words state why you wish to do an elective at The Jikei University School of Medicine.