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| **九州大学医学系学府保健学専攻**  **志望動機・研究計画書**  **Department of Health Sciences, Graduate School of Medical Sciences, Kyushu University Statement of Purpose** | | | | |
| **氏名Name** | ｱﾙﾌｧﾍﾞｯﾄ Alphabet | Surname　(姓) | Given name　(名) | Middle name　(ﾐﾄﾞﾙﾈｰﾑ) |
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| 自国語 Native language | Surname　(姓) | Given name　(名) | Middle name　(ﾐﾄﾞﾙﾈｰﾑ) |
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| **生年月日 Date of birth** | | (yyyy/mm/dd) |  | |
| 以下の質問にお答えください。  　　　スペースは自由に広げていただいて結構ですが、簡潔な記述を心がけてください。 　　　Please provide descriptions of the following items in the space provided below.  　　　You may expand the space as you see fit, but please try to be concise. | | | | |
| **1. 九州大学への入学を希望する理由 　　Why you want to study or pursue a degree at Kyushu U** | | | | |
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| **2. これまでの研究 　　Your past research / academic background** | | | | |
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| **3. 志望教員を選んだ理由 　Why do you want to study or do research with the particular professor you have named?** | | | | |
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| **4. 九州大学での研究計画 　Your research plan at Kyushu University** | | | | |
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| **5. 職業人としての実績（＊ただし職歴がある場合）  Professional experience, if any** | | | | |
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| **6．将来の進路計画 　　　Your future career plans** | | | | |
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| **7．[＜研究生＞として入学を希望する方のみお答えください]**  **在籍期間修了後、正規生として入学することを希望しますか。 [For those of you who are applying as a research student only]  Do you wish to remain at Kyushu U as a degree-seeking student when your residence as a research student is over?** | | | | |
| 1. はい、修士課程志望  2. はい、博士課程志望  3. はい、その他 [ ]  4. いいえ | | | 1. Yes, as a Master's student  2. Yes, as a Doctoral student  3. Yes, as a [describe ]  4. No | |