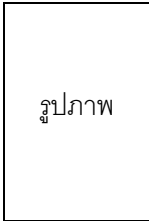


Application Form:
The Student Exchange Program with
Faculty of Medicine, University of Miyazaki, Japan



1. Date of Application (Day/Month/Year):.....
2. Name:.....
3. Study Program:.....Year:.....
4. Current GPA:.....
5. English Proficiency:
 TOEFL =..... IELTS =.....
 Other (Identify).....
6. Contact address:.....
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- Tel:.....Email:.....
7. Field of interest (Nursing):.....
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8. Purposes of visit and expected activities:.....
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