

Prior consultation	Yes / No
Supervisor	

Receipt	* For the University's use only
---------	---------------------------------

Examination number	* For the University's use only
--------------------	---------------------------------

Kyoto College of Nursing
 Doctoral Program in Graduate School

Examination Voucher

FY2025 Entrance Examination

Examination number	* For the University's use only
Name	

Kyoto College of Nursing
**Application for Admission to
 Doctoral Program in Graduate School**
 FY2025 Entrance Examination

* Fill in the fields or check the applicable boxes within the bold frame.

Applicant	Name					Attach your photograph Upper body, frontal view, hatless Taken within the past 3 months 4 cm height x 3 cm width
	Date of birth	Month	Day	Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Current address	〒 —				
	Contact information	Telephone:	()	—		
		Mobile:	()	—		
		Email:	@			
Eligibility for application	<input type="checkbox"/> National/Public	University, Graduate School of		Completed		
	<input type="checkbox"/> Private			Expected to complete		
Nursing license	Obtained on / Expected to obtain on		Month	Day	Year	
Emergency contact information	Name	Relationship with the applicant ()				
		* Fill in this field if the contact is different from that of the applicant.				
	Current address	〒 — Telephone: () —				

Admission Division
 Kyoto College of Nursing
 Graduate School

Seal of Receipt

Kyoto College of Nursing
 Doctoral Program in Graduate School

Sub-voucher

FY2025 Entrance Examination

Examination number	* For the University's use only	Attach your photograph Upper body, frontal view, hatless Taken within the past 3 months 4 cm height x 3 cm width
Name		

Admission Division
 Kyoto College of Nursing
 Graduate School

Seal of Receipt

* Continued on the reverse side

Precautions for the examination

1. Be sure to carry your examination voucher with you.
2. You will not be allowed to take the examination if 20 minutes have elapsed from the start of the examination.
3. Be sure to keep this voucher safe and not to lose it until the announcement of admission results.

Admission Division, Kyoto College of Nursing Graduate School

[Contact on the day of the examination]

Admission Division, Kyoto College of Nursing
Graduate School

1-21 Mibuhigashitakada-cho, Nakagyo-ku,
Kyoto 604-8845

Telephone: 075-311-0123

Area for attaching the certificate of payment receipt for transfer

[Attach the certificate of
payment receipt for transfer.]

Attach the certificate with glue.

■ Applicant's history

Applicant's history	Date	Educational background		
	Month Year	Highschool Junior High School Graduated		
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
			Employment history	
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Month Year			
	Date	Qualifications		
	Month Year			
	Month Year			
Month Year				
Month Year				
Month Year				
Month Year				
Month Year				

Notes on completing the application for admission

Follow the instructions below when completing the application for admission or other documents.

- Enter the information carefully in block letters using a black ballpoint pen.
- If you need to correct any errors, cross them out with two lines and apply a correction seal.
- The information in the "Applicant" section is required for inquiries regarding the application, sending the notification of admission results, emergency contact, or other purposes. If there are any changes after submission of the application, please notify us immediately.
- Fill in the "Employment history" section without leaving any gaps, including any periods of domestic work or unemployment.
- If there is not enough space in the "Educational background" and "Employment history" sections, attach additional sheets as necessary to complete each section.