International University of Health and Welfare,
School of Medicine, 2025

Type1

Statement of Purpose

Year /Month /Date

Katakana	
Name (Family name, First name)	

※ This form must be filled in accurately, clearly and dark with black writing implements by applicants themselves.
※ Please do not write in cursive. Typing is allowed only if in English.
※ Please make sure to fill in the contents within one-page space below.

5th line
10th line
15th line
20th line
25th line