

Application Forms

■ Statement of Purpose	Type1 1 sheet (English)
■ Awards and Activities	Type2 1 sheet (English)
■ Health Questionnaire	Type3 1 sheet (English)
■ Resume	Type4 1 sheet (English)

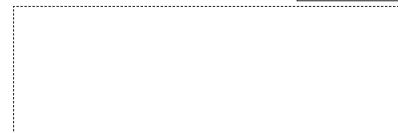
Please make copies or download the necessary forms (PDF) from IUHW website.

🔗 <https://narita.iuhw.ac.jp/gakubu/igakubu/admission/download.html>

- Please fill in application forms and fix them in the following ways.

Type of forms	Fill in	How to fix mistakes
Statement of Purpose Awards and Activities Health Questionnaire Resume	Forms must be filled in with black writing implements. An erasable ballpoint pen is not allowed to use.	The correctional fluid ("white-out") and correctional tapes are acceptable.

- Please use the western calendar



Activities and Awards

Year /Month /Date

K a t a k a n a	
N a m e	

※Make sure everything fits in one page. You may not add extra fields.

※Every applicant must submit this form even if there is nothing to fill in the table below.

※If you do not have anything to fill in for 1~4, write "N/A" only in the top field of each table. It will be assumed that there is no applicable information if you do not fill in anything.

※Attach supporting documents for items you listed below (certificate of achievement, newspaper/magazine, etc.). **Only single supporting document per item is accepted, and it should be copied on an A4 paper (single-sided)** You do not need to send materials such as photos which cannot prove your achievements adequately.

※Put the number (①~⑬) on the top right corner of the copied documents, and each number should correspond to the item on this form.

1. Languages (certification, exam scores, etc., and select the highest achievement for the same sort of certifications)

Number	Date	Certification	Organization	Level/Score
①				
②				
③				
④				

2. Certifications (Select the highest achievement for the same type of certifications)

*The driver license does not need to be filled in.

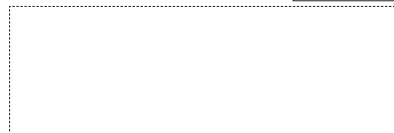
Number	Date	Certification	Organization	Level/Score
⑤				
⑥				
⑦				
⑧				

3. Award from competition, contest, etc. (Select the highest achievement after you entered high school)

Number	Date	Name of Competition/Contest	Type of Event	Number of Participants / Groups	Rank / Score (Individual / Group)
⑨					

4. Extracurricular activities, community involvement/volunteer activities (only the activities you participated in after you entered high school)

Number	Date or Period Involved	Description (Indicate your role/position within group)
⑩		
⑪		
⑫		
⑬		



Health Questionnaire **【Personal Statement】**

- ※All applicants must submit this form.
- ※This form must be filled in by the applicant.

Katakana		Gender	Date of Birth (Western Calendar)			
Name		M · F	Year	Month	Date	Age

If you have a visual or an auditory impairment, please fill in the details.

E.g.)"Color blindness (monochromacy)"

"Hardly able to hear (hearing level ○○dB), no trouble with daily activities with hearing aids"

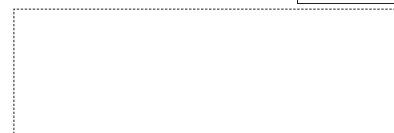
Visual Impairment (eye sight · visual field · color vision)	
Auditory Impairment	

Please fill in the fields below if you have/had any serious illness or injury.

	Diagnosis (Age of onset)	Department	Surgery	Hospitalization (How long?)	Current Condition (Circle one)
Medical History	()		Yes · No	Yes · No (yr mo)	· Treated (age) · Currently being treated
	()		Yes · No	Yes · No (yr mo)	· Treated (age) · Currently being treated
	()		Yes · No	Yes · No (yr mo)	· Treated (age) · Currently being treated
	()		Yes · No	Yes · No (yr mo)	· Treated (age) · Currently being treated
Disease that is currently being treated/ medicine you are currently taking.		Diagnosis			
		Name of medicine			

Please fill in the details if you request special accommodations during the examinations as well as while you are in school, including clinical training.	
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- ※If you have a disability and need testing accommodations, please contact the Admissions Office at least 10 days before the first day of the application period. Please note that you may be asked to submit the medical certificate from your doctor.



Resume

No. _____

Year /Month /Date

Katakana	
Name	

【 Notes for filling in the form】

- 1) Please fill in the details as much as possible by the applicant.
- 2) Please use a separate frame for each different job description even working at the same employer.
- 3) Please make copies before you write or download forms from IUHW website as necessary if there is insufficient space on this form.
- 4) Please use the western calendar.

Employer		Period of employment	From Yr/Mo	To Yr/Mo
Period of Department	From Yr/Mo To Yr/Mo	Assigned Department		Type of employment
Job title and Job description				
Employer		Period of employment	From Yr/Mo	To Yr/Mo
Period of Department	From Yr/Mo To Yr/Mo	Assigned Department		Type of employment
Job title and Job description				
Employer		Period of employment	From Yr/Mo	To Yr/Mo
Period of Department	From Yr/Mo To Yr/Mo	Assigned Department		Type of employment
Job title and Job description				
Employer		Period of employment	From Yr/Mo	To Yr/Mo
Period of Department	From Yr/Mo To Yr/Mo	Assigned Department		Type of employment
Job title and Job description				