

Keio University
Graduate School of Health Management
Personal History (Doctral Program)

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Examination Number	*no need to fill out
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Name : _____

Academic and employment background (list your academic record from entrance into high school and employment history starting with the oldest experience)

(Note) As far as possible, clarify the respective faculty, department, graduate school, and major, etc., for your academic record, and the section/department, position, and occupation type for your employment history.

Period	from (year / month ~ year / month)	to	Details (faculty,department,major/organization,section, position, occupationtype)
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Research experience (bachelor's thesis, master's thesis, publications, conference presentations, etc

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Name : _____

Qualifications and licenses
Rewards and punishments
Affiliated groups (societies, research groups, athletic associations, NPOs, other)
Other items for special mention (including publications and conference presentations, etc.)

Number
Examination

*no need to fill out

Name : _____

Based on your research activities, work experience, and social engagement (including extracurricular and student club activities while at university and graduate school) up until now, describe your aspirations and motivations for admission

Competencies based on your perceived strengths, points for improvement post-admission

Career plan after completing the doctoral program

(Note) The screening results will be invalidated if it is recognized that the Personal History, Aspirations and Motivations for Applying, Research Plan was plagiarized or composed by a third party.

Name : _____

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Describe your proposed research post-admission (problem awareness, research plan for the three years of enrollment, significance of research, etc).

(Note) The screening results will be invalidated if it is recognized that the Personal History, Aspirations and Motivations for Applying, Research Plan was plagiarized or composed by a third party.

《志願者に関する所見・評価書》Applicant Evaluation Form

Doctoral Program
Graduate School of Health Management
Keio University

〈評価者の方へ〉 To the Evaluator

下記の志願者について、率直かつ正確な所見をご記入ください。記入後は、任意の封筒に厳封のうえ、志願者にお渡しください。

Please give an accurate evaluation of the academic performance and aptitude of the following applicant.
Please seal this form in an envelope, sign across the seal, and then give it back to the applicant.

【志願者氏名】 年 月 日記入
Applicant's name year month date

【志願者の教育研究者としての素質に関する評価】（該当するところに○印をつけてください）
Please rate the ability of the applicant as a researcher/educator by circling the applicable items.

	特に優れている Excellent	優れている Good	普 通 Fair	劣 る Poor	非常に劣る Very Poor	不 明 Cannot Evaluate
① 研究実績 Research achievement						
② 研究者としての潜在能力 Potential as a researcher						
③ 教育者としての潜在能力 Potential as an educator						
④ 研究管理・実施能力 Ability to manage and implement research						
⑤ 創造性・独創性 Creativity and originality						
◎ 総合評価 Overall assessment	強く推薦する Strongly recommended	推薦する Recommended	どちらともいえない No Opinion	推薦しない Not recommended	不 明 Cannot Evaluate	

【志望者に関する所見】 Comments on the applicant

※この枠内に納まらない場合は別紙を添付してください。*If you require additional space, please attach a separate sheet.

所属 Affiliation, Position/Title	記入者氏名 Evaluator's name in full (please print)	志願者との関係 Relationship to the applicant
	Signature	1. 研究指導教員 Academic advisor
連絡先 Address		2. その他 Other (please specify:)
〒 -		
Telephone number ()	-	Email address