**Application Details**

Paste / Insert Photo

**Personal Information**

Name (underline surname):   
Address:   
Phone:   
Email:

**Medical School Information**

Name:   
Address:   
Contact Person (Name and Title):   
Phone:   
Email:

**Program Request  
Department(s) (in order of preference) and preferred dates (dd/mm/yy to dd/mm/yy**) 1.  
2.   
3.  
4.

**Accommodation Request  
Daikyocho Guest Rooms**

**Yes / No** If yes, write preferred dates (dd/mm/yy to dd/mm/yy):

**Dean or Department Chair’s Endorsement  
For completion by the Dean/Department Chair of the applicant’s home Medical School/Department**

1. The above mentioned student **is / is not** in good standing at this institution.
2. The student is enrolled in a **4- / 5- / 6- / 7-**year medical program.
3. The student will enter the final year of the program on (dd/mm/yy):
4. The student **is / is not** covered by liability insurance. (If not, student must arrange own).
5. The student **is / is not** covered by personal health insurance. (If not, student must arrange own).
6. A Certificate of Completion **will / will not** be required at the conclusion of this elective.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**Signature of Dean/Department Chair**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Print Name Date**

School Stamp

**Statement of Purpose**

**In approximately 1,000 words (English), state why you have chosen to apply for an elective at Keio, why you are interested in the department(s) you have specified above, and what your future aspirations are.**