



St. Luke's International Hospital

International Medical Student Elective Application

**St. Luke's Institute for Simulative Training kNOWLEDge Education, and Research
(LISTNER) /International Department
St. Luke's International Hospital
9-1 Akashi-cho, Chuo-ku, Tokyo 104-8560
Japan**

Instructions

1. Prior to completing this application, please read St. Luke's International Medical Elective Guidelines.
2. The application deadline is 6 months prior to the beginning of the medical elective program.
3. Please type or print clearly.
4. Numbers should be in Arabic numerals.
5. Proper nouns should be written in full and not abbreviated.

* Personal data entered in this application will only be used for program selection purposes, and contact information such as e-mail addresses will only be used for communication purposes after the student returns home and for sending information from the hospital.

1. **Name (family, given name)** _____
2. **Home address** _____

3. **Home phone #** _____
4. **E-mail** _____
5. **Birthday (Month-Day-Year)** _____
6. **Sex** Male / Female (circle)
7. **Country of Origin** _____
8. **Medical School** _____

9. Current grade in School _____

10. Will this medical elective program fulfill a curricular requirement?

Yes No

11. Does your school have requirements for the external Medical Elective Program? (Final report, grade format, research project, etc.)

12. List four departments of your choice for rotations in order of preference. Refer to “Departments for the program” on the guidelines.

- ① _____
- ② _____
- ③ _____
- ④ _____

13. Study Plans

Preferred period for program (M/D/Y): _____ / _____ / _____ to _____ / _____ / _____

14. Will you stay at St. Luke’s dormitory room?

Yes No

*Dormitory room will be available from the first day until the last day of the program.

If “No”, where will you stay during the program?

- ① Accommodation: _____
- ② Telephone number: _____
- ③ Address: _____

15. Emergency contact information in case of health emergency:

- ① Name: _____
- ② Telephone number: _____
- ③ E-mail: _____
- ④ Address: _____

Paste a passport photograph taken within the past 6 months.

Date of application: _____

Applicant's signature: _____

Applicant's name (print): _____

Attachments

1. Resume or CV
2. Statement of Educational Goals (600-800 words)
3. Certificates of Health
4. 2 Letters of Recommendation

Name: _____

Title: _____

Relationship to you: _____

Name: _____

Title: _____

Relationship to you: _____

5. A copy of your current passport including your photo, your signature, the passport number, the place of issue, and the expiration date.
6. 3 ID size Photos

Documents 1 - 4 should be emailed to listner@luke.or.jp

Hard copies of documents 1 – 6 and this application form will be necessary after you are accepted as the Medical Elective Program Students.

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