

Essay Questions

The following essay questions will provide us with more information about you and your reasons for applying to the Young Leaders' Program.

Your essays must be typed. Please use A4-size paper or 8 1/2" × 11" paper. Limit your responses to the maximum number of words designated for each question. Use standard double-spaced lines. Your name should appear at the top of each separate sheet of paper. The number of the essay question should precede every essay. Staple the essays together and submit them with the other application materials.

1. What are your most significant accomplishments, activities, and life experiences to date? Please emphasize the events which highlight your unique abilities and personality. (maximum 500 words)
2. What is your leadership philosophy? Describe key individuals and/or experiences that shaped your philosophy. (maximum 500 words)

Supplemental Question

3. How did you become interested in the Young Leaders' Program? Please list specific information sources such as publications, alumni, faculty, and websites. (maximum 200 words)

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

Please fill out (PRINT/TYPE) in Japanese or English. Do not leave any items blank.

氏名 Name: _____
Family name, First name Middle name

男 Male 生年月日 Date of Birth: _____
女 Female 年齢 Age: _____

1. 身体検査 Physical Examinations

(1) 身長 Height _____ cm 体重 Weight _____ kg

(2) 血圧 Blood pressure _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

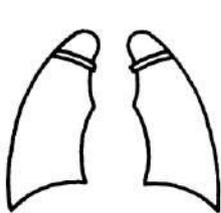
A B O	R H	+
		-

脈拍数 Pulse Rate _____/min 整 regular
不整 irregular

(3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
裸眼 without glasses 矯正 with glasses or contact lenses

(4) 聴力 Hearing: 正常 normal 低下 impaired
 言語 speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること (6ヶ月以上前の検査は無効。)
 Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired

Date _____

心臓 Cardiomegaly: 正常 normal 異常 impaired

Film No. _____

Describe the condition of applicant's lung.

心電図 Electrocardiograph
正常 normal 異常 impaired

3. 現在治療中の病気 Disease & Treatment at Present Yes (Disease: _____ Medicine: _____)
No

4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery.

Tuberculosis..... (. . .) Malaria..... (. . .) Measles..... (. . .)
 Epilepsy..... (. . .) Kidney disease..... (. . .) Heart diseases..... (. . .)
 Diabetes..... (. . .) Drug allergy..... (. . .) Psychosis..... (. . .)
 Functional disorder in extremities..... (. . .) Others..... (. . .)
 Rheumatic fever..... (. . .) Hepatitis..... (Type: A, B, C, D, E) (. . .)

5. ワクチン接種歴 Vaccination history

MMRV (Measles, Mumps, Rubella, Zoster)..... Time(s) () Mumps..... Time(s) () Hepatitis B..... Time(s) ()
 MMR (Measles, Mumps, Rubella)..... Time(s) () Chicken pox..... Time(s) () Meningitis..... Time(s) ()
 MR (Measles, Rubella)..... Time(s) () Polio..... Time(s) ()
 M (Measles)..... Time(s) () Diphtheria Pertussis Tetanus combined..... Time(s) ()

6. 検査 Laboratory tests

検尿 Urinalysis: glucose (), protein (), occult blood () ・ 検便 Feces: Parasite(egg of parasite)(+, -)
 赤沈 ESR: _____ mm/Hr, WBC count: _____ x10³/μl, Hemoglobin: _____ g/dl, ALT: _____ u/l
 Pregnancy test () if you are female

7. 診断医の印象を述べて下さい。 Please describe your impression.

8. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思えますか?
 In view of the applicant's history and the above findings, is your observation his/her health status is adequate to pursue studies in Japan? yes no

日付 Date: _____ 署名 Signature: _____

医師氏名 Physician's Name in Print: _____

検査施設名 Office/Institution: _____

所在地 Address: _____

Recommendation Form

To the Applicant

Please complete only the top portion of this form. Your recommender should complete the rest of the form.

Your Name (Family)	(Given)	(Middle)

To the Recommender

The person whose name appears above is applying for admission to the Young Leaders' Program.

Please provide your recommendation on your own letterhead or stationery. The Admissions Committee values the recommender's direct contact with the candidate. In your letter, please answer the following questions as candidly and specifically as possible:

Please return this form and your recommendation to the applicant in a sealed envelope, with your signature across the seal. The applicant will submit the sealed, signed envelope to us as part of the completed application package.

The Admissions Committee is aware of the time and care necessary to prepare this form. We gratefully acknowledge your help.

1. How long and in what capacity have you known the applicant?

2. How often have you observed the applicant? (Please tick one box)

- every day 3 or 4 times a week 1 or 2 times a week 1 or 2 times a month
- less than once a month

9. Please write if you have any comment.

Please provide telephone numbers should the Admissions Committee feel a need to contact you regarding the reference.

Business Telephone Number _____

Home Telephone Number _____

Recommender's Signature _____

Recommender's Name (please print) _____ Date _____

Position or Title _____ Organization _____

Business Address _____

Home Address _____