Application Form for "Kitasato Global Program for Team-based Healthcare Practice 2026"

Application Deadline：12 December 2025 (Japan Standard Time)

1. Your contact details

Your University:_____

Name: _____

Mobile phone (starting with country code)**:**_____

Email (*): _____

*All information about this program will be shared via Box (file sharing).
All updates related to this program will be sent to this email address, so please check it from time to time to ensure you do not miss any updates.

2. Documents required for application

(1) Please submit your documents by uploading to the link below and make sure you follow this file naming rule (e.g. A_Kitasato_JohnSmith) when uploading.

https://kitasato.app.box.com/f/705cd80e7ff14bf7ac87878a1de769a3

1) Application form
File naming rule: A_your university name_your name
2) Copy of your passport
File naming rule: P_your university name_your name
3) Proof of Vaccination or documentation of antibody titer
File naming rule: V_your university name_your name_type of vaccination

(2) Please send an email to the Secretariat (kokusai@kitasato-u.ac.jp) to inform them of the completion of your submission. If you have not received a reply within 3 working days, please send another email for confirmation.

3. Signature

By signing this application form, I confirm that I have read and understood the Program Information for Overseas Students.

Signature Date	Student name (Print)	Student name (Signature)

4. Check List and Request Form

(1) Please tick the box ✓ if you have submitted the required documents via the link above and enter the dates of vaccination or titer values.

☐ A copy of the student's passport

Proof of vaccination/antibody titer (EITHER vaccination record or titer values).
Please provide the relevant details below.

When proof is based on antibody titers or history of disease, the form below must be completed and signed by a physician/CRNP at a university hospital or medical institution, certifying your reactive titer or history of disease.

☐ Measles

Vaccination dates #1_____ #2 _____

Titer date: _____ Value:_____

☐ Rubella

Vaccination dates #1_____ #2 _____

Titer date: _____ Value:_____

☐ Mumps

Vaccination dates #1_____ #2 _____

Titer date: _____ Value:_____

☐ Varicella (Chickenpox)

Vaccination dates #1_____ #2 _____

Titer date: _____ Value:_____

☐ Influenza (Only those vaccinated after October 2025 will be accepted) Vaccination date:_____

MD/CRNP name(Print):_____

MD/CRNP (Signature):_____ Date:_____

(2) Other requests

- If you require any dietary or other arrangements due to allergies or religious reasons.

**Please understand that depending on your request, it may be difficult to process the food in Japan into the form you require.*

- Reasonable Accommodation

Students who wish to request reasonable accommodation during this program are expected to notify using this form. The program secretariat will then contact you individually for further information.
For this short-term program, reasonable accommodation will be determined by mutual agreement between applicants and providers and by ensuring that the accommodation is provided without undue burden. Acceptance will be decided on a case-by-case basis.