**Application Form for
Double Master Degree Program for Public Health 2018**

**School of Public Health, Graduate School of Medicine**

**Kyoto University

Statement of Purpose and Research Interest**

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Name:

Please fill in the following form in English (200-300 words for each item)

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| 1. Statement of purpose. Why do you want to obtain a double degree?
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| 1. What experience you have in your field? Also, tell us briefly about the research you are conducting at your home university.
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| 1. Research interest and plan at Kyoto University School of Public Health.
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| 1. Intentions after completing the program. What do you plan to do with your degrees once you have it? What do you have in mind for your career path?
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