

## 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. Also describe how mistakes by you or others influenced your thinking. (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)

# 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

3. Please provide a short list of specific activities which demonstrate the applicant's salient talents and strength, e.g., leadership, creativity.

4. Please discuss observations you have made concerning the applicant's leadership abilities. (Please tell the reason to judge that the applicant has a possibility to be a leader in your home country.)

5. Please discuss observations you have made concerning the applicant's interpersonal skills.

6. Please discuss observations you have made concerning the applicant's innovative/creative capabilities.



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 \_\_\_\_\_

# 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  
女 Female

生年月日  
Date of Birth: \_\_\_\_\_

年齢  
Age: \_\_\_\_\_

### 1. 身体検査 Physical Examinations

(1) 身長 \_\_\_\_\_ cm 体重 \_\_\_\_\_ kg  
Height Weight

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

A B O	RH	+
		-

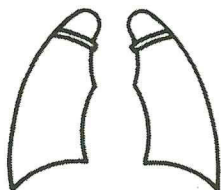
脈拍数 \_\_\_\_\_ /min 整 regular  
Pulse Rate 不整 irregular

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

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

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: \_\_\_\_\_ x10<sup>3</sup>/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われますか?

In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan?  
yes  no

日付 \_\_\_\_\_ 署名 \_\_\_\_\_  
Date: Signature:

医師氏名  
Physician's Name in Print: \_\_\_\_\_

検査施設名  
Office/Institution: \_\_\_\_\_

所在地  
Address: \_\_\_\_\_