

## Required Supporting Documentation

Attach face  
photo  
(3cm x 4cm)

### Clerkship Agreement

- (1) I agree to comply with all the regulations applied to foreign visiting students by Toho University Faculty of Medicine (TUFM) for the successful completion of clinical clerkship at its teaching hospitals.
- (2) I understand that I am responsible to the Dean of TUFM during the clerkship period.
- (3) I agree not to seek or accept paid employment during the clerkship period.
- (4) I agree not to do any medical activities that medical students in Japan are prohibited from doing, e.g. prescribing drugs or signing medical certificates.
- (5) I agree to ask attending physicians for permission before engaging myself in medical activities.

Applicant Name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_