

**April 2027 Enrollment**

**Guidelines for Prospective Applicants to the International Master's Program  
in Graduate School of Oral Science**

**Admission**



**Kyushu University**

**Faculty of Dental Science**

## Years Required for Graduation: Master's course 2 years

### **Types of Degree**

The "Master's degree (Oral Science)" shall be common to all four courses, with a clear focus on oral health sciences.

### **Requirements for Completion**

Students must be enrolled for at least two years and earn at least 30 credits.

Students must earn a minimum of 8 credits from the required core curriculum, 18 credits from the course you have chosen (including 14 credits from doing research) and 4 credits from other classes outside of your course. Student must obtain a total of 30 credits or more to graduate.

Please consult with your academic advisor regarding course selection.

Credits are awarded by examinations or reports.

In addition to enrollment for at least two years and the acquisition of the required credits, a Master's thesis based on original research must be submitted. Upon successful completion of the thesis review, students are awarded a Master's degree (Oral Science).

However, students with outstanding research achievements may complete the program in one year.

## Field of Course, Research Area and Supervisor

Field of Course	Research Area	Supervisor
Advanced Medical Specialist Training Course	Pediatric Dentistry and Special Need Dentistry	Prof. Fukumoto Satoshi
	Orthodontics and Dentofacial Orthopedics	Prof. Takahashi Ichiro
	Endodontology and Operative Dentistry	Prof. Maeda Hidefumi
	Periodontology	Prof. (Ikiru Atsuta)※Department Chair
	Fixed Prosthodontics	Prof. Atsuta Ikiru
	Implant and Rehabilitative Dentistry	Prof. Ayukawa Yasunori
	Oral and Maxillofacial Radiology	Prof. Chikui Toru
	Oral and Maxillofacial Surgery	Prof. Moriyama Masafumi
	Oral and Maxillofacial Oncology	Prof. Kawano Shintaro
	Dental Anesthesiology	Prof. Yokoyama Takeshi
	Geriatric Dentistry and Perioperative Medicine	Prof. Kashiwazaki Haruhiko
General Dentistry	Prof. Wada Naohisa	
Medical Administration and Educational Institution Leadership Training Course	Preventive and Dental Public Health Dentistry	Prof. Takeshita Toru
	Dental Education	Prof. Tsukiyama Yoshihiro
Medical Technology Developer Training Course	Biomaterials	Prof. Ishikawa Kunio
Basic Medical Researcher Training Course	Molecular Cell Biology and Oral Anatomy	Prof. Yamaza Takayoshi
	Molecular and Cellular Biochemistry	Prof. Jimi Eijiro
	Oral Neuroscience	Prof. Shigemura Noriatsu
	Aging Science and Pharmacology	Prof. Kanematsu Takashi
	Oral Pathology	Prof. Kiyoshima Tamotsu
	Oral, Brain and Total Health Science	Prof. Yasukochi Tomoyo

Please make contact with the professor in your chosen research area and get informal acceptance before applying to our International Master's Program.

You are encouraged to make use of the **Kyushu University Academic Staff Educational and Research Activities Database** (<https://hyoka.ofc.kyushu-u.ac.jp/search/index.html>) and the **Pre-admission Support Desk (PSD)** (<https://iaas.kyushu-u.ac.jp/>) to contact the professor you would like to study under.

# Guidelines for Prospective Applicants to the International Master's Program in Graduate School of Oral Science

## Admission

International students who meet the following requirements may apply to the International Master's Program.

### 1. Required Qualifications

Hold foreign nationality and meet the following requirements:

- (1) Those who have graduated from a university or expect to graduate in March 2027.
- (2) Those who have received or expect to receive (by March 31, 2027) a bachelor's degree regulated by the prescription of Paragraph 7, Article 104 of the School Education Law.
- (3) Those who have completed or will complete sixteen years of verifiable school education in a foreign country by March 31, 2027.
- (4) Those who have completed or expect to complete 16 years of education by March 31, 2027 by studying the relevant subject/s in Japan through a correspondence course provided by the school abroad.
- (5) Those who have completed a 16 year course at an overseas educational institution as required by the Japanese Minister of Education, Culture, Sports, Science, and Technology (hereinafter referred to as "MEXT") , or be expected to do so by the end of March 31, 2027.
- (6) Those who have already had or expect to have a degree corresponding to that of a bachelor's through the completion of courses with a term of study for three years or more by March 31st, 2027 (which includes the completion of an equivalent degree taken through a correspondence course in Japan provided by a foreign university, and also includes the completion of an equivalent degree issued by an educational institute which is designated as equivalent to those in Japan based on the conditions stated above and is acknowledged as a part of the formal education in the applicant's home country) at a foreign university or another overseas educational institute (limited to those appropriately rated by an accreditation agent of the government of the applicant's home country or by another officially approved accreditation institute, or specifically and independently designated as equivalent by MEXT).
- (7) Those who have completed or are expected to complete the specialized course at a technical school (limited to those whose course term is over 4 years and who meet other criteria established by MEXT) recognized by MEXT after the date designated by MEXT.
- (8) Those designated by the Minister of Education, Culture, Sports, Science and Technology (see Notification No. 5 of the Ministry of Education, Culture, Sports, Science and Technology, 1953).
- (9) Those who have been admitted to a graduate school pursuant to the provisions of Article 102, Paragraph 2 of the School Education Law, and have been recognized by the graduate school of this university as having the academic ability suitable for receiving an education in the graduate school of this university.
- (10) A person who has been enrolled in a university for 3 years or more or completed 15 years of formal education in a foreign country by March 31, 2027, and has been recognized by this graduate school as having earned the prescribed credits with excellent grades.
- (11) Those who are recognized by the school as having academic ability equivalent or superior to that of a university graduate and have reached 22 years of age through individual screening of application qualifications.

## 2. Application Period

1st application period: August 3 (Monday) - December 21 (Friday), 2026

2nd application period: November 30 (Monday) - 16 (Wednesday), 2026

## 3. Application Documents

Applicants should submit the necessary documents for the application to the Student Affairs Office, Graduate School of Dental Science, Kyushu University.

The documents for the application should be sent by registered special delivery mail, and should arrive at Kyushu University within the application period.

(Address)

Student Affairs Office, Graduate School of Dental Science, Kyushu University

3-1-1 Maidashi, Higashi-ku, Fukuoka, 812-8582, Japan

TEL: +81-92-642-6261

i. Application form (Kyushu University format) \*Attach two photos (5 x 4cm) to your application form

ii. Curriculum Vitae

iii. College diploma and college transcript from the last school you graduated from

Please submit the originals.

iv. Entrance examination fee: 30,000 JPY

Please transfer in Japanese yen and cover all the commission costs when you transfer.

(Not required for Japanese government scholarship (MEXT) students)

N.B. This fee is non-refundable

Applicants are asked to either ① make a bank transfer (make sure to enclose a photocopy of the remittance receipt together with their application documents as proof of payment) or ② pay the application fee online via “ e-payment.” Payment of all bank charges, including any transaction charges, is entirely the responsibility of the applicant.

<①Bank Transfer>

Beneficiary:

Name	Kyushu University
Address	744 Motooka, Nishi-ku, Fukuoka 819-0395
Country	JAPAN

Beneficiary's Bank:

Name	SUMITOMO MITSUI BANKING CORPORATION
Branch Name	FUKUOKA BRANCH
Address	1-1-1 Hakataekimae, Hakata-ku, Fukuoka 812-0011, JAPAN
A/C No.	7119240
Swift Code	SMBCJPJT

<②Credit Card Payment>

Payment can be made by credit card online at;

<https://e-shiharai.net/> (in Japanese)      <https://e-shiharai.net/english/> (in English)

\*For detailed information on how to pay all fees online, please see the page labeled “How to Pay Your Application Fee by Credit Card” at the end of this brochure.

v. Submission of original TOEIC, TOEFL, or IELTS score reports

(for applicants seeking exemption from the written English examination).

If your English language ability is assessed as sufficient, based on your submitted TOEIC, TOEFL, or IELTS score report, you will be exempt from taking the written English examination.

However, if an original score sheet is not submitted, you will be required to take the written English examination. Please submit an original score reports dated within two years of the master's degree application deadline.

The original score report will be returned to you after processing.

**【Original score sheet】**

- Official Score Certificate of TOEIC
- Test Taker Score Report or Institutional Score Report of TOEFL  
(Score Record of TOEFL-ITP is also accepted)
- Test Report Form of IELTS

**4. Selection Method**

Selection will be based on the results of examination, interview and application documents.

Written examination and interview

Place: Faculty of Dental Science, Kyushu University

1st application: Date: September 8 (Tuesday), 2026

2nd application: Date: January 19 (Tuesday), 2027

Time (JST)	Subject
9:30~10:30	Field of Specialty*
10:50~12:20	English
13:30~	Interview

\*You will be examined on your field of specialty and related subjects.

\*In general, entrance examination and interview for examinees residing overseas are conducted online using Zoom.

\*Alternative Date: September 9 (Wednesday), 2026 (for 1st application),  
January 20 (Wednesday), 2027 (for 2nd application)

Examination will be conducted on the above alternative date if the examination is cancelled due to the unforeseen circumstances, such as typhoon.

**5. Notification of Results**

Applicants will be notified by email.

1st application: October 7 (Wednesday), 2026

2nd application: February 10 (Wednesday), 2027

**6. Enrollment Procedure**

The enrollment documents will be sent to the successful applicants' registered address in early February. These documents must be completed during the enrollment period, February 19 (Friday) - March 4 (Thursday), 2027.

\*If you do not complete the enrollment procedure during this period, you will lose your place.

Entrance fee and tuition fees

Entrance fee: 282,000 yen

Tuition fees: 267,900 yen for half a year (Annual amount 535,800 yen)

\*All fees are waived for Japanese government scholarship (MEXT) students.

\*All fees shown here are subject to change.

## **7. Use of Personal Information**

- i. Your personal information is only used for the application process, admission procedure and data collection.
- ii. Your personal information is protected under Japanese Personal Information Protection

## **8. Applicants with Disabilities**

The University provides consultation for applicants with disabilities who may require special arrangements during the entrance examinations or in classes after enrollment.

Please contact the following office prior to the application process as soon as possible as it sometimes takes extra time to decide on the arrangements depending on the situation.

## **9. False Statements in Application Documents**

If false statements or forgeries are discovered in the application materials, your admission may be retroactively revoked, even after you have been accepted or enrolled.

Contact Information:

Student Affairs Office, Graduate School of Dental Science, Kyushu University

3-1-1 Maidashi, Higashi-ku, Fukuoka, 812-8582, Japan

TEL: +81-92-642-6261

E-mail: [ijgsigaku@jimu.kyushu-u.ac.jp](mailto:ijgsigaku@jimu.kyushu-u.ac.jp)

Photograph (4×5 cm)			Examinee Number	
	<b>Application Form</b> The International Master's Program in Graduate School of Oral Sceience			
	Surname/Family Name		First Name(s)	
	Date of Birth: ( <sup>dd</sup> / <sup>mm</sup> / <sup>yy</sup> )			
	Sex ( <input type="checkbox"/> ) <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Marital Status ( <input type="checkbox"/> ) <input type="checkbox"/> Single <input type="checkbox"/> Married			

Field of Course, Research Area and Supervisor			
Course of choice	Field of Course		
	Research Area		
	Supervisor		
Most recent university	( <sup>dd</sup> / <sup>mm</sup> / <sup>yy</sup> ) <input type="checkbox"/> completed <input type="checkbox"/> will complete		
Home Address	Postcode:	Tel:	Nationality
	Email:		Passport Number
Correspondence Address (if different)	Postcode:	Tel:	
Guarantor	Name (Relationship)	( )	
	Address	Postcode:	Tel:
		Email:	

Photograph (4×5 cm)			Examinee Number	
	<b>Examination Card</b>			
	Most Recent University:			
	Surname/First Name(s):			
The International Master's Program in Graduate School of Oral Sceience, Kyushu University				

Education (since graduating high school)	
(dd/mm/yy)	
Employment	
(dd/mm/yy)	
Professional Qualifications (e.g. Dental License Registration Number)	
(dd/mm/yy)	

Signature

Date (dd/mm/yy)

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**Examination Rules**

1. Candidates cannot enter the examination room without their examination card.
2. Candidates must sit in the seat allocated to their examinee number and display their examinee card on their desk during the exam.
3. Candidates can bring pencils (not colored pencils), erasers and pencil sharpeners into the examination room. All other materials are not permitted.
4. Additional information will be given prior to the start of the examination

<b>Name in Alphabet</b>	
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### Curriculum Vitae: Educational Background

Category	School Name	Location (City/Country)	Period of Schooling	Period of Attendance (dd/mm/yy)
Elementary Education				
Secondary Education (Junior High School)				
Secondary Education (High School)				
University (Undergraduate Level)				

Signature

Date (dd/mm/yy)

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<b>Name in Alphabet</b>	
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**Curriculum Vitae: Employment Record**

Name of Organization	Location	Period of employment (dd/mm/yy)	Position	Type of work

Signature

Date (dd/mm/yy)

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