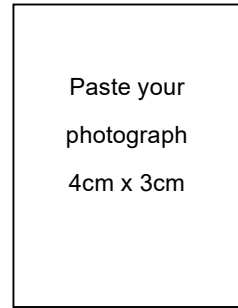


If you are already enrolled in Osaka University, enter the number here.

| | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|
| Student ID No. | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|



FY() Application for Admission for
Graduate School of Information Science and Technology, Osaka University
Doctor Course – Special Selection for International Applicants, Admission in October

Please leave blank in the fields with *.

| | | | | | | |
|------------------------------------|-----------------|--|----------------------|---|--|----------|
| Name of preferred supervisor | | Signature | | * | * | |
| Preferred major | | | | | | |
| Name | | | Gender | | Legal domicile (Prefecture for Japanese or nationality for international students) | |
| Date of birth | | | Day Month Year | | | |
| For international students | | <input type="checkbox"/> Japanese government scholarship student | | <input type="checkbox"/> Foreign government-sponsored student | | |
| Application qualification | | (Select the corresponding number from “application qualification” in Application Guideline.) | | | | |
| | | Last school attended | | | | |
| | | Date of graduation or expected graduation Day / Month / Year | | | | |
| Applicant | Current address | | Address | | zip code | |
| | | | Phone | | Mobile | |
| | | | Email address | | | |
| Contact (Note 1) | Japan | Name | | | | |
| | | Contact | | Address | | zip code |
| | | Phone | | | | |
| | Home country | Name | | | | |
| | | Contact | | Address | | zip code |
| | | Phone | | | | |
| Resume | | | | | | |
| Educational background (Note 2) | From | | to | | | |
| | From | | to | | | |
| | From | | to | | | |
| | From | | to | | | |
| | From | | to | | | |
| Employment history (if applicable) | From | | to | | | |
| | From | | to | | | |
| | From | | to | | | |
| TOEIC score, etc. | | I will submit [<input type="checkbox"/> at the time of application <input type="checkbox"/> on the first examination day]. <input type="checkbox"/> I will not submit. | | | | |
| For person in employment | | I will [<input type="checkbox"/> resign <input type="checkbox"/> not resign] after admission. | | | | |

- Note 1) For international students, make sure to enter contact information both in Japan and home country. For other students, enter contact information in Japan only.
- 2) In the educational background field, start entering with high school entrance information. For international students, start entering with primary school entrance information. In addition, make sure to enter information regarding research student or student of Japanese-language school if applicable.

| | | | |
|------------------|---|-------|---|
| Academic affairs | * | Check | * |
|------------------|---|-------|---|

Examination Admission Card (FY)

| | |
|-------------------|---|
| Major name | |
| Examinee's number | * |

Name _____

Graduate School of Information Science and Technology, Osaka University

Photograph

1. Front upper body, no hats, single person taken within the past 3 months
2. 4 cm x 3 cm
3. Paste the same photograph as the one used for Photo Identification Card.

Shooting date:

-----Do not detach.-----

Photo Identification Card (FY)

| | |
|-------------------|---|
| Major name | |
| Examinee's number | * |

Name _____

Graduate School of Information Science and Technology, Osaka University

Photograph

1. Front upper body, no hats, single person taken within the past 3 months
2. 4 cm x 3 cm
3. Paste the same photograph as the one used for Photo Identification Card.

Shooting date:

Please leave blank in the fields with *.

Graduate School of Information Science and Technology, Osaka University

Research Plan

| | | | | |
|---|---------------|------------------------------|----------------|---|
| | Reception No. | * | Examinee's No. | * |
| Name | | Preferred major | | |
| | | Name of preferred supervisor | | |
| Preferred research contents (Enter specifically.) | | | | |
| | | | | |

(Note) (1) Please leave blank in the fields with *.

(2) Regarding the preferred course name, please refer to the Information Science and Technology website.

URL: <http://www.ist.osaka-u.ac.jp/>

| | |
|----------------|---|
| Examinee's No. | * |
|----------------|---|

| | |
|-----------------|--|
| Name | |
| Preferred major | |

Proof of Examination Fee Payment Form

| |
|---|
| <p>Please paste</p> <p>Proof of Payment for Examination Fee</p> |
|---|

(Note) Please leave blank in the fields with *.

Dispatch Slip

Address is where applicant wishes to receive correspondence.

Notification of success and admission procedure will be sent to this address.

| |
|---------------------|
| Address |
| Postal Code |
| Name |
| Preferred Major |
| Examinee's Number * |

| |
|---------------------|
| Address |
| Postal Code |
| Name |
| Preferred Major |
| Examinee's Number * |

(Note) Please leave blank in the fields with *.