Graduate School of Information Science and Technology, Osaka University
Application Qualification Assessment Form (Resume)

Preferred major		Reception No.	*	Examinee's No.	*
Name		Present Affiliation	Name: Address:		
Date of birth	Day Month Year	Current address	Phone:		
Month Year	Educational background (Start entering with high school graduation information)				
Month Year	Employment history				
Month Year	Activities and contributions in academic associations, etc. and other matters to be specially noted				

Please leave blank in the fields with *.

Graduate School of Information Science and Technology, Osaka University

Application Qualification Assessment Report (Research Result)

	Reception No.	*	Examinee's No.	*
Name		Preferred major		
		Email address		

Titles of academic achievements, publicatilns, etc.	Journal name, volume, page number, and presentation year of presented paper (If the paper is being printed or submitted, make a statement accordingly.) Names of academic workshop, symposium, international conference, etc. where the paper was presented and presentation date	Joint author or joint presenter name(s) (Enter the names including you in the order of presentation.)

(Note)

(1) Attach the printout or copy of the academic paper, or summary or overview of presented research.

(2) If you need more space, attach a similar format in addition to this format.

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