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

Student ID No. ☐☐☐☐☐☐☐☐

Attach your photo file here.

(Front upper body, no hats, single person taken within the past 3 months)

FY(　　) Application for Admission for
　　　Graduate School of Information Science and Technology, Osaka University
Doctor Course – Information Technology Special Course in English, Summer

Please leave blank in the fields with *.

Name of preferred supervisor		*	*
Preferred major (Department)			

Name		Gender	Citizenship
Date of birth	Day　　Month　　Year		
For international students	☐ Japanese government scholarship student	☐ Foreign government-sponsored student	☐ Unsponsored international students

Application qualification	(Select the corresponding number from "3. Admission Requirements" in Application Guideline.)
	Last school attended
	Date of graduation or expected graduation Day　　　　　/ Month　　　　　/ Year

Contact Addresses	Current address	Address　　　　　　　　　　　　　zip code
		Phone　　　　　　　　　　　　　Mobile
		Email address
	Home country (Note 1)	Name　　　　　　　　　　Relationship
		Address　　　　　　　　　　　　　zip code
		Phone

Resume		
	Period	School/institution
Academic history (Note 2)	From　　　　　to	
	From　　　　　to	
	From　　　　　to	
	From　　　　　to	
	From　　　　　to	
Professional experience (if applicable)	From　　　　　to	
	From　　　　　to	
	From　　　　　to	
TOEIC/TOEFL/IELTS score	TOEIC score　　　　　　　　　　　　　　Test date	
	TOEFL score　　　　Type(iBT, PBT)　　Test date	
	IELTS score　　　　　　　　　　　　　Test date	
For person in employment	I will [☐resign　☐not resign] after admission.	

Note　1)　One additional contact information in the applicant's home country requested.
　　　2)　In the academic history field, 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 _____

Photograph

Attach the same photo file with the application.

Graduate School of Information Science and Technology, Osaka University

--Do not detach. --

Photo Identification Card (FY   )

Major name	
Examinee's number	*

Name _____

Photograph

Attach the same photo file with the application.

Graduate School of Information Science and Technology, Osaka University

Please leave blank in the fields with *.

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Graduate School of Information Science and Technology, Osaka University
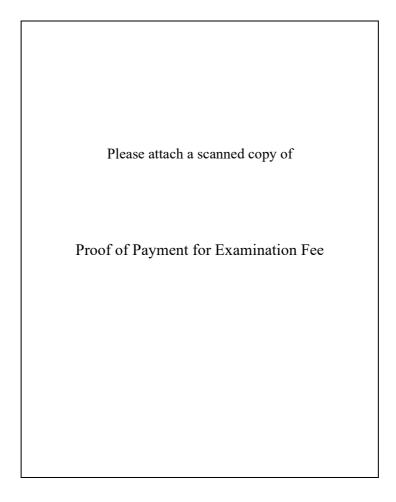
Research Plan

	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: https://www.ist.osaka-u.ac.jp/

Examinee's No.	*

Name	
Preferred major	

Proof of Examination Fee Payment Form

Please attach a scanned copy of

Proof of Payment for Examination Fee

(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 *.