f you are already enrolled in Osal	a University,	enter the number her	e.			
Student ID No.						
FY( ) Application fo Graduate Scho Master Course – Special Selecti	ol of Informa	tion Science and Tec		-		Paste your photograph 4cm x 3cm
Master Course Special Scient	on in Summer	for international rep	pireants, 7 tainissi	on in April		
Please leave blank in the fields	vith *.					
Name of preferred supervisor			Signature	*	*	
Preferred major						
Optional subject	(If the major do	es not have optional subjects, le	ave blank.) □Informat	ion engineering	Biologi	cal information
Name						
Iname				Gender	Legal d	lomicile (Prefecture for Japanese
		Day Mo	nth Year		or natio	onality for international students)
Date of birth						
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For international students	_	se government	□ Foreign gov			nsponsored international
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ਚ <u>5</u> (Select the corres		per from "application	qualification" in	Application G	uideline	e.)
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TOEIC score, etc.	□I will not		r nearton Bon die	exammat		1.
For person in employment	-	sign □not resign] af	ter admission.			
	-			in Japan and h	ome co	untry. For other students,
enter contact inform						- ,

 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
 \*

	<b>Examination Admission Card</b> (FY )	Photograph
Major name		1. Front upper body, no hats, single person
Examinee's number	*	taken within the past months
Name		<ol> <li>2. 4 cm x 3 cm</li> <li>3. Paste the same photograph as the on used for Photo Identification Card.</li> </ol>
		Shooting date

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

	<b>Photo Identification Card</b> (FY )	Photograph
Major name		1. Front upper body, no hats, single person taken within the past 3
Examinee's number	*	months 2. 4 cm x 3 cm
		3. Paste the same photograph as the one used for Photo Identification Card.
Name		Shooting date
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

Examinee's No.	*

	Preferred	
Name	major	
	Name of	
	preferred	
	supervisor	

1. Please fill in your major and research field so far.

Major :		
Contents of research :		

2. Please fill in the theme of your thesis, the name of your academic supervisor, and the affiliation of your academic supervisor at the time of your (expected) final degree.

(If you don't have any supervisor or haven't written any thesis, please write "none")

Theme of thesis:

Name of your academic supervisor :

Affiliation of your academic supervisor :

3. Please describe your future plan (including after studying in Japan).

Continue to the second sheet  $\downarrow$ 

Examinee's No.	*
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Name	Preferred major		
		Name of	
		preferred	
		supervisor	

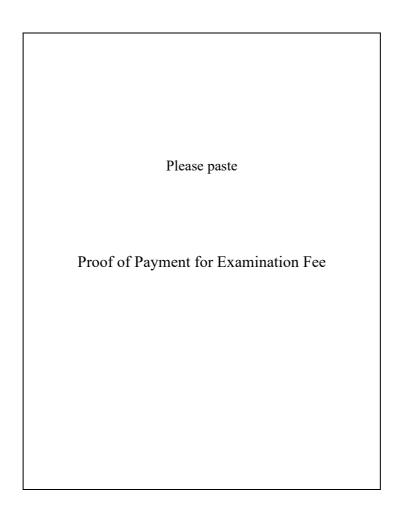
4. Preferred research contents (Enter specifically.)

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

<sup>(2)</sup> 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



(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 No. *		
Address		
Postal Code		
Name		
Preferred Major		
Examinee's No. *		

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