

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

Student ID No.							
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FY() Application for Admission for
Graduate School of Information Science and Technology, Osaka University
Doctor Course – Special Selection for International Applicants, Admission in October

Paste your
photograph
4cm x 3cm

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	<input type="checkbox"/> Un-sponsored international students	
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	*
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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: <https://www.ist.osaka-u.ac.jp/>

Dispatch Slip

Address is where applicant wishes to receive correspondence.

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

<div>Address</div> <div>Postal Code</div> <div>Name</div>
Preferred Major
Examinee's Number *

<div>Address</div> <div>Postal Code</div> <div>Name</div>
Preferred Major
Examinee's Number *

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