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

Attach your photo file here.

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

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 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 \*.

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| 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  |  |
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| Professional experience(if applicable) | From to  |  |
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| TOEIC/TOEFL/IELTS score | TOEIC score Test dateTOEFL score Type(iBT, PBT) Test dateIELTS 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.

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| Academic affairs | \* | Check | \* |

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| **Examination Admission Card** ( FY )PhotographAttach the same photo file with the application.

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| Major name |  |
| Examinee’s number | \* |

Name  Graduate School of Information Science and Technology, Osaka University  |

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| **Photo Identification Card** ( FY )PhotographAttach the same photo file with the application.

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| Major name |  |
| Examinee’s number | \* |

Name  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**

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| Reception No. | \* | Examinee’s No. | \* |
| Name |  | Preferred major |  |
| Name of preferred supervisor |  |
| Preferred research contents (Enter specifically.) |
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(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/

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|  |  | **Dispatch Slip** |  |  |  |
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|  |  | Address is where applicant wishes to receive correspondence. |  |  |  |
|  |  | Notification of success and admission procedure will be sent to this address. |  |
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