

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 – Information Technology Special Course in English, Summer

Attach your
photo file here.

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

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		<input type="checkbox"/> Japanese government scholarship student		<input type="checkbox"/> Foreign government-sponsored student	
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)	
		IELTS score		Test date	
For person in employment		I will [<input type="checkbox"/> resign <input type="checkbox"/> 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	*
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Examination Admission Card (FY)

Major name	
Examinee's number	*

Name_____

Graduate School of Information Science and Technology, Osaka University

Photograph

Attach the same photo file with the application.

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

Photo Identification Card (FY)

Major name	
Examinee's number	*

Name_____

Graduate School of Information Science and Technology, Osaka University

Photograph

Attach the same photo file with the application.

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/>

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 *.