

**Graduate School of Information Science and Technology, Osaka University**  
**Application Qualification Assessment Form (Resume)**

Preferred major		Reception No.	*	Examinee's No.	*
Name		Present Affiliation	Name: Address:		
Date of birth	Day Month Year	Current address	Phone:		
Month Year	Educational background (Start entering with high school graduation information)				
Month Year	Employment history				
Month Year	Activities and contributions in academic associations, etc. and other matters to be specially noted				

Please leave blank in the fields with \*.

