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

Paste your photograph

4cm x 3cm

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID No. |  |  |  |  |  |  |  |  |

FY( ) Application for Admission for

Graduate School of Information Science and Technology, Osaka University

Master Course – Special Selection in Summer for International Applicants, Admission in April

Please leave blank in the fields with \*.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of preferred supervisor | | | Signature | | | | | \* | | \* |
| Preferred major | | |  | | | | | | | |
| Optional subject | | | (If the major does not have optional subjects, leave blank.) □Information engineering □Biological information | | | | | | | |
| Name | | | Gender | | | | | |  | |
| Legal domicile (Prefecture for Japanese or nationality for international students) | |
| 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 “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 [□at the time of application □on the first examination day].  □I will not submit. | | | | | | | |
| For person in employment | | | I will [□resign □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 | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination Admission Card** ( FY )  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.   |  |  | | --- | --- | | Major name |  | | Examinee’s number | \* |   Name    Shooting date:  Graduate School of Information Science and Technology, Osaka University |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Photo Identification Card** ( FY )  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.   |  |  | | --- | --- | | Major name |  | | Examinee’s number | \* |   Name    Shooting date:  Graduate School of Information Science and Technology, Osaka University |

Please leave blank in the fields with \*.

.**Graduate School of Information Science and Technology, Osaka University**

**Research Plan**

|  |  |
| --- | --- |
| Examinee’s No. | ※ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Preferred 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↓**

|  |  |
| --- | --- |
| Examinee’s No. | ※ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Preferred major |  |
| Name of preferred supervisor |  |

4. 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. | | |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | 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 \*. |  |  |  |