

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

Student ID No.									
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Attach your
photo file here.

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

FY() Application for Admission for
Graduate School of Information Science and Technology, The University of Osaka
Doctor Course – Information Technology Special Course in English, Summer

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		
		<input type="checkbox"/> Un-sponsored 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				
	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	*

Photograph

Attach the same photo file with the application.

Name _____

Graduate School of Information Science and Technology, The University of Osaka

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

Photo Identification Card (FY)

Major name	
Examinee's number	*

Photograph

Attach the same photo file with the application.

Name _____

Graduate School of Information Science and Technology, The University of Osaka

Please leave blank in the fields with *.

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

Address
Postal Code
Name
Preferred Major
Examinee's Number *

Address
Postal Code
Name
Preferred Major
Examinee's Number *

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