

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

Student ID No.							
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FY() Application for Admission for
 Graduate School of Information Science and Technology, The University of Osaka
 Master Course – Special Selection in December for International Applicants

Paste your
 photograph
 4cm x 3cm

Please leave blank in the fields with *.

Name of preferred supervisor		Signature		*	*
Preferred major					
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	*
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Examination Admission Card (FY)

Major name	
Examinee' s number	*

Name_____

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.

Shooting date:

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

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

Photo Identification Card (FY)

Major name	
Examinee' s number	*

Name_____

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.

Shooting date:

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

Examinee's No.	※
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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).

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Continue to the second sheet ↓

Examinee ' s No.	※
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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 Number *

Address Postal Code Name
Preferred Major
Examinee' s Number *

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