

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

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                   |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|
| Reception No.                       | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Examinee's No.         | *                 |
| Preferred major<br>(Research field) | <input type="checkbox"/> Information Science and Technology (Information and Physical Sciences)<br><input type="checkbox"/> Information Science and Technology (Computer Science)<br><input type="checkbox"/> Information Science and Technology (Information Systems Engineering)<br><input type="checkbox"/> Information Science and Technology (Information Networking)<br><input type="checkbox"/> Information Science and Technology (Multimedia Engineering)<br><input type="checkbox"/> Information Science and Technology (Bioinformatic Engineering)<br><input type="checkbox"/> Pure and Applied Mathematics |                        |                   |
| Name                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Present<br>Affiliation | Name:<br>Address: |
| Date of birth                       | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                   |
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Please leave blank in the fields with \*.

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**Application Qualification Assessment Report (Research Result)**

|      |               |                 |                |   |
|------|---------------|-----------------|----------------|---|
|      | Reception No. | *               | Examinee's No. | * |
| Name |               | Preferred major |                |   |
|      |               | Email address   |                |   |

| Titles of academic achievements, publications, etc. | Journal name, volume, page number, and presentation year of presented paper<br>(If the paper is being printed or submitted, make a statement accordingly.) | Joint author or joint presenter name(s)<br>(Enter the names including you in the order of presentation.) |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                                     | Names of academic workshop, symposium, international conference, etc. where the paper was presented and presentation date                                  |                                                                                                          |
|                                                     |                                                                                                                                                            |                                                                                                          |
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(Note)

- (1) Attach the printout or copy of the academic paper, or summary or overview of presented research.
- (2) If you need more space, attach a similar format in addition to this format.
- (3) Please leave blank in the fields with \*.