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

Student ID No.								

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, December

Please leave blank in the fields with *.

Name of preferred supervisor		*	*
Preferred major (Research field)			
Name	Gender		Citizenship
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 “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 score	TOEIC score		Test date
	TOEFL score	Type(iBT, PBT)	Test date
For person in employment	I will [□resign □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	*

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 *.

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

Research Plan

<table>
<tr><td></td><td>Reception No.</td><td>*</td><td>Examinee's No.</td><td>*</td></tr>
<tr><td rowspan="2">Name</td><td rowspan="2"></td><td>Preferred major (Research field)</td><td colspan="2"></td></tr>
<tr><td>Name of preferred supervisor</td><td colspan="2"></td></tr>
<tr><td colspan="5">Preferred research contents (Enter specifically.)</td></tr>
<tr><td colspan="5"></td></tr>
</table>

(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 *.