

# Osaka University Graduate School of Science International Physics Course

Office of Graduate Admissions - IPC
Osaka Universiy Graduate School of Science,
1-1 Machikaneyama-cho, Toyonaka, Osaka 560-0043, JAPAN
ipc-office@ipc.phys.sci.osaka-u.ac.ip

## Application Form for the Master's Program

**Enrollment in October 2016** 

#### **PERSONAL INFORMATION**

Full Name (first / middle / far	mily)						
				_	Photo (4cm x 2cm)		
First name	Middle	name	Family n	ame	Photo (4cm x 3cm) (taken in the past 3		
Gender (male or female)		Date of Birth (mm	irth (mm/dd/yyyy)		months)		
					monard,		
Nationality							
		Contact Infor	mation				
Street Address, Apartment 1	Number, Box Number						
City or Town				Province or State			
Country				Postal Code			
Country				Postal Code			
E-mail Address (This e-mail address is essential for communications dealing with the admissions process)							
			<b>J</b>	,,			
Telephone Number FAX Number							
F	Person to be Notified in	Your Home Co	ountry in Case o	of an Emergenc	у		
Name: Relationship:				Relationship:			
Address:							
Phone Number: E-mail Address:							
ACADEMIC INFORMATION							
Academic Interest							
Your preference of group in which you would like to carry out research during your Master's program							
1st choice: 2nd choice:							
Name(s) of lab head(s) you have contacted. (Before submitting application documents, you should contact the head of your preferred research lab.)							
Test Information							
TOEFL, TOEIC, or	Date Taken (mm/yyyy)	Name of	Test (TOEFL-iBT, TO	EIC, IELTS, etc.)	Score		
IELTS							

### **ACADEMIC INFORMATION(continued)**

Language								
Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR,NONE)								
Reading	Writing	Speaking						
Elementary, Middle, High School Attended								
titution	Dates (mm/yyyy - mm/yyyy)							
titution	Dates (mm/yyyy - mm/yyyy)							
titution	tion							
Colleges and Universities you Attended or you are Currently Attending								
Location	Major	Dates (mm/yyyy - mm/yyyy)						
		Including expected graduation						
		date						
Professional, Business, Re	search and Teaching Position	ns						
Location	Position or Title	Dates Employed						
		(mm/yyyy - mm/yyyy)						
Academic Awards								
List your awards here								
Publications and/or Any Research You Have Completed  (For Publications: Title of paper, Author names, <i>Journal name</i> <b>Year</b> , <i>Volume</i> , Page number)								
List your publications and/or achievements here								
	Proficiency in Japanese Language POOR, NONE)  Reading  Elementary, Middle titution  titution  eges and Universities you Att  Location  Professional, Business, Re  Location  Acaden  Publications and/or Any Refers: Title of paper, Author name	Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR,NONE)  Reading Writing  Elementary, Middle, High School Attended titution  titution  ages and Universities you Attended or you are Currently Air Location Major  Professional, Business, Research and Teaching Position  Location Position or Title  Academic Awards  Publications and/or Any Research You Have Completed as: Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of paper, Author names, Journal name Year, Volumes St. Title of Paper, Author names, Journal name Year, Volumes St. Title of Paper, Author names, Journal name Year, Volumes St. Title of Paper, Volumes St. Title of Paper, Volumes St. Title of Paper, Author names, Journal name Year, Volumes St. Title of Paper, Volumes St. Title Office St. Title Office St. Title Office St. Title Office						

#### ACADEMIC INFORMATION(continued)

ACADEMIC INFORMATION(COntinued)								
Evaluations (names of persons who will submit evaluation letters on your behalf)								
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Name		Title	Institution					
		Telephone Number	E-mail Address					
Name		Title	Institution	Institution				
		Telephone Number	E-mail Address					
Name		Title	Institution	Institution				
		Telephone Number	E-mail Address					
I understand that the evalua	ation letters	are received and kep	ot in confidence by the Of	fice of Graduate Admissions				
<ul> <li>International Physics Course</li> </ul>	, Osaka Un	iversity. I hereby wai	ve any and all rights I ma	y have of access to such				
letters.								
ADDITIONAL INFORMATION								
		Funding Arrange	ements					
(The information be	elow will help us	s to understand how you in	ntend to fund your studies at Os	saka University.)				
Funding Source (scholarship name, family, personal, etc.)								
Status	Amount		Period Covered	Expenses Covered				
☐ Intend to Apply	(in yen)		(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)				
Applied for			, ,,,,,					
Secured								
Funding Source (scholarship name, family, personal, etc.)								
Status	Amount		Period Covered	Expenses Covered				
Intend to Apply	(in yen)		(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)				
Applied for	(III you)		(11111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	(1000, IIVIIII Experious, 610.)				
☐ Secured								
Funding Source (scholarship name, fa	ımily, personal,	, etc.)						
Status	Amount		Period Covered	Expenses Covered				
☐ Intend to Apply	(in yen)		(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)				
Applied for								
Secured								