



## Application Form for the Master's Program

 Enrollment in ☐ **A, April 2017** , ☐ **B, October 2017**

\* Choose either "A" or "B".

### PERSONAL INFORMATION

Full Name (first / middle / family)			Photo (4cm x 3cm) (taken in the past 3 months)
_____	_____	_____	
First name	Middle name	Family name	
Gender (male or female)	Date of Birth / / (Year) (Month) (Day)		
Nationality			

### Contact Information

Street Address, Apartment Number, Box Number	
City or Town	Province or State
Country	Postal Code
E-mail Address (This e-mail address is essential for communications dealing with the admissions process)	
Telephone Number	FAX Number

### Person to be Notified in Your Home Country in Case of an Emergency

Name:	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 IELTS	Date Taken (mm/yyyy)	Name of Test (TOEFL-IBT, TOEIC, IELTS, etc.)	Score
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## ACADEMIC INFORMATION(continued)

Language			
Native Language	Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR,NONE)		
	Reading	Writing	Speaking
Elementary, Middle, High School Attended			
Elementary School	Institution		Dates (mm/yyyy - mm/yyyy)
Middle School	Institution		Dates (mm/yyyy - mm/yyyy)
High School	Institution		Dates (mm/yyyy - mm/yyyy)
Colleges and Universities you Attended or you are Currently Attending			
Institution	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date
Professional, Business, Research and Teaching Positions			
Institution or Company	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			

**ACADEMIC INFORMATION(continued)**

Evaluations		
(names of persons who will submit evaluation letters on your behalf)		
Name	Title	Institution
	Telephone Number	E-mail Address
Name	Title	Institution
	Telephone Number	E-mail Address
Name	Title	Institution
	Telephone Number	E-mail Address

☐ I understand that the evaluation letters are received and kept in confidence by the Office of Graduate Admissions – International Physics Course, Osaka University. I hereby waive any and all rights I may have of access to such letters.

**ADDITIONAL INFORMATION**

Funding Arrangements			
(The information below will help us to understand how you intend to fund your studies at Osaka University. )			
Funding Source (scholarship name, family, personal, etc.)			
Status <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)

**APPLICANTS FOR THE DOUBLE-DEGREE PROGRAM**

Only for applicants to the Double-Degree Program (DDP) (other applicants should leave this section blank)
<input type="checkbox"/> Yes, I want to apply to the DDP
Name of partner institution
Name of supervisor at partner institution
Name of graduate program at partner institution
Date of enrollment or expected date of enrollment at partner institution