



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 admission 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 PhD 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.)

Language

Native Language	Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR,NONE)		
	Reading	Writing	Speaking

Colleges and Universities you Attended (undergraduate)

Institution	Location	Major	Date of Degree Conferred (mm/yyyy)

Colleges and Universities you Attended or you are Currently Attending (graduate)

Institution	Location	Major	Date of Degree Conferred or Expected (mm/yyyy)

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, *Journal name* **Year**, *Volume*, Page number)

List your publications and/or achievements here

ACADEMIC INFORMATION(continued)

Title of Master's Thesis

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Recommendations

(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	Intend to Apply	Amount	Period Covered	Expenses Covered
	Applied for	(in yen)	(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
	Secured			
Funding Source (scholarship name, family, personal, etc.)				
Status	Intend to Apply	Amount	Period Covered	Expenses Covered
	Applied for	(in yen)	(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
	Secured			
Funding Source (scholarship name, family, personal, etc.)				
Status	Intend to Apply	Amount	Period Covered	Expenses Covered
	Applied for	(in yen)	(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
	Secured			

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