

**Graduate School of Science**

**International Summer Program**

**Application Package**

(This sheet forms the cover of the application package)

Date (Day/Month/Year):

Name of Applicant:

Home Institution:

* Applications should include the following:

1. A completed and signed Application Form
2. A current transcript of the applicant’s academic record
3. One recommendation letter written by a faculty member of the home institution

\*The letter should be written in English or Japanese on the home institution’s letterhead

1. A study plan written in English **(Form: Study Plan)**
2. Autobiography of 300-500 words, written in English
3. A certificate of language proficiency (If applicable)

Application Deadline: at noon on 23 April 2018 (JST)

All application materials must be send by the deadline.

* The application package should be sent to via email to [ri-summerprogram@sci.osaka-u.ac.jp](mailto:ri-summerprogram@sci.osaka-u.ac.jp).

**Contact**

Center for International Affairs

Graduate School of Science, Osaka University

1-1 Machikaneyamacho, Toyonaka, 5600043 Osaka, Japan

TEL: 81 6 6850 8169

Email: ri-summerprogram@sci.osaka-u.ac.jp

**International Summer Program**

**Application Form**

Graduate School of Science, Osaka University

Paste a clear photograph here (3×4cm), taken within the last 6 months, on the back of which your name is written in block letters.

Note:

* Please type or print.
* Please fill out in English with all non-English scripts (names, etc.) romanized.
* Numbers should be Arabic numerals.
* Years should be written according to the Western calendar.
* Proper nouns should be written in full, no abbreviations.

**Section 1: Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name exactly as shown in your passport | | | | | |  |
|  |  |  | |  |  |  |
| Family Name | | First Name | | | Middle Name | |
|  | | |  | |  | |
| Name in Chinese characters (if applicable) | | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Country/Region |  | 1. Sex | | 1. Date of Birth | | | | | |
|  |  | ☐ Male | ☐ Female |  |  |  |  |  |  |
|  | |  |  | Day | | Month | | Year | |

1. E-mail
2. Current Mailing Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Tel: |  | Fax: |  |  |

1. Person to be notified in case of emergency

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Tel: |  |
| Contact Address: |  | E-mail: |  |

1. Home Institution

|  |  |  |  |
| --- | --- | --- | --- |
| University: |  |  |  |
| Faculty / School: |  | | | |  |
| Department: |  | | | |  |
| Major Field of your study: |  | | | |  |

1. Expected graduation / completion date at home institution / /

(Day Month Year)

1. Educational Background

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution | Name and location of institution | Degrees earned | Entrance | | Completion | |
| Month | Year | Month | Year |
| University/  College | Major: |  |  |  |  |  |
| University/  College | Major: |  |  |  |  |  |

1. Job history (if applicable)

|  |
| --- |
|  |

**Section 2: Program details**

1. Language Self Evaluation (Check the appropriate box.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Native language | Excellent | Good | Fair | Poor |
| Japanese | ☐ | ☐ | ☐ | ☐ | ☐ |
| English | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Others:Specify) | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Language Qualification

If you have a certificate of language proficiency, such as TOEFL, IELTS or JLPT (Japanese Language Proficiency Test), specify the details below.

|  |  |
| --- | --- |
| (1) Name of the test: |  |
| (2) Date of the test: |  |
| (3) Score / Classification: |  |

**Section 3: Declaration**

I hereby certify that my statements on this application are true and complete to the best of my knowledge, and I understand that any willfully false statement is sufficient for rejection of admission, or for dismissal from the Summer School program. I also declare that I will respect the regulations of Osaka University if I am successfully admitted to the program.

I have contacted the supervisor of my home institution, and he/she agreed my participation to the International Summer Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Print Name of applicant: |  |  |
| Date: |  | Signature of applicant: |  |  |

**Section 4: To be completed by the sending institution**

I confirm that this student is nominated for the International Summer Program at Graduate School of Science Osaka University

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Name of Institution: |  |
| Print name of Dean/Director |  |
| Date: |  | Signature of Dean/Director: |  |

**Study Plan**

(Please type or print.)

Name in full:

Major/Minor field of study at your university:

|  |
| --- |
| 1. State your reasons for applying for the GSS international summer program and describe your interest in the research area. |
| 1. Describe your research area and demonstrate a familiarity with the field and/or topic at your home institution(s). |
| 1. Describe your laboratory experience (e.g., student labs, individual research, etc.) at your home institution(s). |