

Osaka University Application Form

Graduate School of Science

Application Form for the Master's Program

Special Integrated Science Course

Office of Graduate Admissions - SISC
1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan gssadmis@sci.osaka-u.ac.jp

Enrollment in
☐ A, April 2019 , ☐ B, October 2019
* Choose either "A" or "B".

PERSONAL INFORMATION

Full Name (first / middle / family)				
				Photo (4cm x 3cm)
First name	Middle name	Family	name	(taken in the past 3
Gender (male or female)	Date of Birt	/	/) (Day)	months)
Nationality	•			
	Contac	t Information		
Street Address, Apartment Numb	er, Box Number			
City or Town			Province or Sta	te
Country			Postal Code	
E-mail Address (This e-mail addr	ess is essential for communi	cations dealing with	n the admissions p	process)
Telephone Number		FAX Number		
Country name you stay during ex	amination period	.		
Person to	be Notified in Your Ho	me Country in	Case of an Er	nergency
Name:			Relationship:	
Address:				
Phone Number:		E-mail Address:		

ACADEMIC INFORMATION

Academic Interest				
Intended Department (Biological Sciences, Macromolecular Science, or Chemistry)				
Name(s) of lab head(s) you h	nave contacted. (Before submittin	ng application documents, y	rou should contact the head of y	our preferred research lab.)
Test Information				
TOEFL, TOEIC, or IELTS	Date Taken (mm/yyyy)	Name of Test (TOEFL-iBT, TOEIC, IELTS, etc.) Score		Score
GRE General Test (optional)	Date Taken (mm/yyyy)	Verbal Score	Quantitative Score	Analytical Score
GRE Subject Test (optional)	Date Taken (mm/yyyy)	Subject		Score

ACADEMIC INFORMATION (continued)

Language						
Native Language		Proficiency in Japanese Language (rate yourself GOOD, FAIR, I Reading Writing			POOR,NONE) Speaking	
		Elementa	ry, Middle, H	High School Atte	ended	
Elementary School	Instituti	on				Dates (mm/yyyy - mm/yyyy)
Middle School	Instituti	on				Dates (mm/yyyy - mm/yyyy)
High School	Instituti	on				Dates (mm/yyyy - mm/yyyy)
Со	lleges	and Universitie	es you Atter	nded or you are	Currently A	Attending
Institution		Location		Major		Dates (mm/yyyy - mm/yyyy) Including expected graduation date
	Pro	fessional, Bus	iness, Rese	arch and Teach	ning Position	ons
Institution or Company		Location		Position or Title		Dates Employed (mm/yyyy - mm/yyyy)
			Academi	c Awards		
List your awards here						
<i>(</i> - -			-	earch You Have		
(For Publication List your publications and			ithor names	s, Journal name	Year, Vo	lume, Page number)

CADEMIC INFOR	RMATION (continued)	
(10-	Evalua	
(na	imes of persons who will submit	t 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
UNDING INFORM	IATION	
(The informati	Funding Arra	rangements you intend to fund your studies at Osaka University.)
Funding Source (scholars	ship name, family, personal, etc.)	

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DIADING IN OKIMA	HON		
(The information		unding Arrangements erstand how you intend to fund your stu	dies at Osaka 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	Amount	etc.) 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			
□Secured			

APPLICANTS FOR THE DOUBLE-DEGREE PROGRAM

Only for applicants to the Double-Degree Program (DDP) (other applicants should leave this section blank)
□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