



Osaka University

Graduate School of Science

Special Integrated Science Course

Office of Graduate Admissions - SISC

1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan

gssadmis@sci.osaka-u.ac.jp

Application Form for the PhD Program

Enrollment in

A, April 2019 , **B, October 2019**

* 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 | |
| Country name you stay during examination period | | | |
| 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 | | | |
| Intended Department (Biological Sciences, Macromolecular Science, or Chemistry) | | | |
| 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 |

ACADEMIC INFORMATION (continued)

| 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, <i>Journal name</i> Year , <i>Volume</i> , Page number) | | | |
| List your publications and/or achievements here | | | |
| | | | |

ACADEMIC INFORMATION (continued)

| Title of Master's Thesis | | |
|---|------------------|----------------|
| | | |
| 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 |

FUNDING 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 |