

**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 **(Form: 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 7 March 2019 (JST)

All application materials must be sent 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

**Application Form**

<International Summer Program 2019>

Instructions:

A) Application should be typewritten or PRINTED in block letters.

**ATTACH PHOTO HERE**

(taken within 6 months, 3cm×4cm, color)

B) Years should be written according to the Western calendar.

C) Proper nouns should be written in full, and should not be abbreviated.

D) Check the appropriate boxes.

**Section 1: Personal Details**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Nationality/All Nationalities |  | 1. Sex | | 1. Date of Birth | | | | |
|  |  | Male | Female |  |  |  |  |  |
|  | |  |  | Day | | Month | | Year |

1. Present Contact Details

|  |  |  |
| --- | --- | --- |
| Home Address： | | |
| Tel. + |  | Email: |

1. Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Relationship |  |
| Address: | | | |
| Tel. + |  | E-mail |  |

1. Home Institution

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

Entrance: School Year:

Month Year

1. Expected date of graduation

/ /

(Day Month Year)

1. Educational Background (from high school to present)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution | Location | Degree | Period (yyyy/mm) | Number of years attended |
|  |  |  | yyyy/mm ~ yyyy/mm |  |
|  |  |  | yyyy/mm ~ yyyy/mm |  |
|  |  |  | yyyy/mm ~ yyyy/mm |  |
|  |  |  | yyyy/mm ~ yyyy/mm |  |

1. Job history (if applicable)

|  |
| --- |
|  |

**Section 2: Language Proficiency Details**

1. Language Self Evaluation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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) Result of Test  (Score / Classification) |  |

**Section 3: JASSO Scholarship**

Do you wish to apply for a JASSO scholarship?

Yes  No

I wish to attend the International Summer Program regardless of receiving a scholarship.

※ This section does not affect the selection process.

※ If your application is selected for a JASSO scholarship program, the admission office will apply on your behalf to the scholarship.

**Section 4: 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 International Summer Program. I also declare that I will respect the regulations of Osaka University if I am successfully admitted to this program.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Name of applicant (print): |  |  |
| Date: |  | Signature of applicant: |  |  |

**Section 5: Nomination (must be completed by the sending institution)**

※ If there is no signature here, this application will not be processed.

I confirm that (Applicant’s Name: ) is nominated for the International Summer Program at Graduate School of Science, Osaka University

|  |  |
| --- | --- |
| Name of Institution | Department |
| Title | Name |
| Date | Signature |

**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 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). |