



Enrollment in **October 2019**

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 | | |
|--|------------------|----------------|
| | | |
| 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 |
| <input type="checkbox"/> 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 <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)

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