

Enrollment in **□A, April 2020** , **□B, October 2020**

\* Choose either “A” or “B”.

Application Form

for the Master's Program

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| Full Name (first / middle / family) | | | | | | |  |  |  |  |  |  |  |  | |  | |  |  |  | |  | |  |  |  | Photo (4cm x 3cm) (taken in the past 3 months) | | | | | | | |
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|
|  | First name | | | | | |  | Middle name | | | | | |  | | Family name | | | | | | | | | |  |
| Gender (male or female) | | | | |  |  |  |  |  |  | Date of Birth | | | | | | | | |  | |  | |  |  |  |
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| (Year) | | | |  | | (Month) | | | |  | | (Day) | | | |
| Nationality | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | |  | |  |  |  |
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| Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address, Apartment Number, Box Number | | | | | | | | | | |  |  |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
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| City or Town | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | | Province or State | | | | | |  |  |  |  |  |  |  |
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| Country | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | | Postal Code | | | | |  |  |  |  |  |  |  |  |
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| E-mail Address (This e-mail address is essential for communications dealing with the admissions process) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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| Telephone Number | | | |  |  |  |  |  |  |  |  |  |  |  | | FAX Number | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |
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| 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 Master's program | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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| Name of lab head you have contacted. (Before submitting application documents, you should contact the head of your preferred research lab.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Test Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOEFL, TOEIC, or IELTS | | | | | Date Taken (mm/yyyy) | | | | | |  |  | Name of Test (TOEFL-iBT, TOEIC, IELTS, etc.) | | | | | | | | | | | | | | |  | Score | |  |  |  |  |
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**PERSONAL INFORMATION**

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| **ACADEMIC INFORMATION(continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Native Language | | |  |  |  | Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR,NONE) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Reading | | |  |  |  |  |  | Writing | |  |  |  |  |  |  | Speaking | | |  |  |  |  |  |
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| Elementary, Middle, High School Attended | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elementary School | | | | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dates (mm/yyyy - mm/yyyy) | | | | | | | |
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| Middle School | | | | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dates (mm/yyyy - mm/yyyy) | | | | | | | |
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| High School | | | | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dates (mm/yyyy - mm/yyyy) | | | | | | | |
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| Colleges and Universities you Attended or you are Currently Attending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution |  |  |  |  |  | Location | | |  |  |  |  |  | Major | |  |  |  |  |  |  | Dates (mm/yyyy - mm/yyyy)  Including expected graduation date | | | | | | | |
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| Professional, Business, Research and Teaching Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution or Company | | | |  |  | Location | | |  |  |  |  |  | Position or Title | | | |  |  |  |  | Dates Employed (mm/yyyy - mm/yyyy) | | | | | | | |
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| Academic Awards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List your awards here | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **ACADEMIC　INFORMATION(continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Names of persons who will submit evaluation letters on your behalf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  |  |  |  | |  |  |  |  | Title | |  |  |  |  |  | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telephone Number | | | | | | | E-mail Address | | | | | | | | | | | | | | |
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| Name | |  |  |  |  | |  |  |  |  | Title | |  |  |  |  |  | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name | |  |  |  |  | |  |  |  |  | Title | |  |  |  |  |  | Institution | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telephone Number | | | | | | | E-mail Address | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.) | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 name, family, personal, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Status |  |  |  |  |  | |  |  | Amount |  |  |  |  |  |  |  | Period Covered | | | | | | | | Expenses Covered | | | | | | | |
|  | Intend to Apply | | | | | | |  | (in yen) | | |  |  |  |  |  | (mm/yyyy - mm/yyyy) | | | | | |  |  | (fees, living expenses, etc.) | | | | | | | |
|  | Applied for | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |
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| Funding Source (scholarship name, family, personal, etc.) | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| Status |  |  |  |  |  | |  |  | Amount |  |  |  |  |  |  |  | Period Covered | | | | | | | | Expenses Covered | | | | | | | |
|  | Intend to Apply | | | | | | |  | (in yen) | | |  |  |  |  |  | (mm/yyyy - mm/yyyy) | | | | | |  |  | (fees, living expenses, etc.) | | | | | | | |
|  | Applied for | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |
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| **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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name of graduate program at partner institution | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of enrollment or expected date of enrollment at partner institution | | | | | | | | | | | | | | | | | | | | |  |
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