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# Osaka University Application Form

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

for the Master's Program

Enrollment in **A, April 2020** , **B, October 2020** \* Choose either "A" or "B".

#### PERSONAL INFORMATION

Full Name (first / middle / family	)			
	, ,			
First name	Middle name	Family name		Photo (4cm x 3cm)
Gender (male or female)	Date of Birth	,		(taken in the past 3
		/ /		months)
	(Year)	(Month)	(Day)	
Nationality				
	Contact li	nformation		
Street Address, Apartment Num	ber, Box Number			
City or Town		Pro	vince or Stat	e
Country		Pos	tal Code	
E-mail Address (This e-mail add	Iress is essential for communicat	ions dealing with the a	admissions p	process)
Telephone Number		FAX Number		
Country name you stay during	examination period			
Person to	o be Notified in Your Hom	e Country in Cas	e of an En	nergency
Name:		Rel	ationship:	
Address:				
Phone Number:	F-	mail Address:		

#### ACADEMIC INFORMATION

Academic Interest					
Intended Department (Bi	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.)					
	Test Information				
TOEFL, TOEIC, or IELTS	Date Taken (mm/yyyy)	Name of Test (TOEF	FL-iBT, TOEIC, IELTS, etc.)	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, F		POOR,NONE)		
		Reading		Writing		Speaking
		Elementary	y, Middle, H	ligh School Atte	ended	
Elementary School	Institutio	on				Dates (mm/yyyy - mm/yyyy)
Middle School	Institutio	on				Dates (mm/yyyy - mm/yyyy)
High School	Institutio	on				Dates (mm/yyyy - mm/yyyy)
Col	leges	and Universities	s you Atter	ded or you are	Currently	Attending
Institution		Location		Major		Dates (mm/yyyy - mm/yyyy) Including expected graduation date
	Pro	fessional, Busir	ness, Rese	arch and Teach	ning Positio	ons
Institution or Company		Location		Position or Title		Dates Employed (mm/yyyy - mm/yyyy)
			Academi	c Awards		
List your awards here						
(For Publication			•	earch You Have , <i>Journal nam</i> e	•	ed <i>lume</i> , Page number)
List your publications and	/or achie	evements here				

### ACADEMIC INFORMATION (continued)

(nar	Evalua mes of persons who will submit	tions 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

(The information b		Inding Arrangements erstand how you intend to fund your stud	lies at Osaka University.)
Funding Source (scholarship	name, family, personal, o	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	name, ramiy, 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	name, family, personal, o	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