The University of Osaka
Graduate School of Science
International Physics Course (IPC)

1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan
ipc-office@ipc.phys.sci.osaka-u.ac.jp

Application Form for the Master's Program

(enrollment in April or October, 2027)

PERSONAL INFORMATION

Full Name as on applicant's passport		Photo (taken in the past 3 months)
Gender (male or female)	Date of Birth ／ ／ (Year) (Month) (Day)	
Nationality		

Applicant's Current 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 admissions process)	
Telephone number for urgent communications (e.g., for last-minute changes to the interview time)	

Person to be Notified in Case of an Emergency (eg. your family)	
Name:	Relationship:
Address:	
Phone Number:	E-mail Address:

ACADEMIC INFORMATION

Academic Interest			
Group in which you would like to carry out research during your Master's program			
Name of lab head 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 (TOEFL-iBT, TOEIC, or IELTS)	Score
Language			
Native Language	Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR, NONE)		
	Reading	Writing	Speaking
Elementary, Middle, High School Attended			
Elementary School	Institution		Dates (mm/yyyy - mm/yyyy)
Middle School	Institution		Dates (mm/yyyy - mm/yyyy)
High School	Institution		Dates (mm/yyyy - mm/yyyy)
All Colleges/Universities You Attended and/or You Are currently Attending Please write the official name(s), not using abbreviations.			
Institution(s)	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date
If you are currently enrolled as a research student in UOsaka, fill in the following.			
Institution/Department	Research Group/ Supervisor	Student ID Number (If you are presently enrolled in UOsaka)	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date
Past Enrollment Status as a Special Research Student or a Special Auditor at the UOsaka (if applicable) (This section does not affect the selection process.)			
Program ☐ FrontierLab@OU ☐ FrontierLab Mini ☐ ISP ☐ Others ( )	Institution/Department	Supervisor	Dates (mm/yyyy - mm/yyyy)
Professional, Business, Research and Teaching Positions			
Institution or Company	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)

ACADEMIC INFORMATION (continued)

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

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

☐ I understand that the evaluation letters are received and kept in confidence by the office of the International Physics Course, the University of Osaka. I hereby waive any and all rights I may have of access to such letters.
(Check the box if you agree.)

FUNDING INFORMATION

Explain how you will fund your tuition, living expenses, etc. while you study at UOsaka if you have not secured any scholarship or financial aid.

If you have secured any scholarships or financial aid, please describe details such as funding source (scholarship name, etc.) , amount, period covered, etc.

TUITION WAIVER SYSTEM FOR INTERNATIONAL HONORS STUDENTS

(Refer to the Application Guidelines p8)

☐ Intend to Apply

☐ Do Not Intend to Apply

ENROLLMENT MONTH

I will enroll in

☐ A, April 2027

☐ B, October 2027

*Choose either "A" or "B".

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