

# Graduate School of Science International Physics Course (IPC)

Office of Graduate Admissions - IPC

1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan

ipc-office@ipc.phys.sci.osaka-u.ac.jp

The University of Osaka Application Form for the Master's Program

> Enrollment in October 2025

#### PERSONAL INFORMATION

Full Name (Please enter your name	me as it appears on your pa	essport )			
Gender (male or female)  Nationality	Date of Birth (Year)	(Month)	(Day)	Photo (4cm x 3cm) (taken in the past 3 months)	
	Applicant's Current (	Contact Informat	tion		
Street Address, Apartment Numb	er, Box Number				
City or Town		Provi	Province or State		
Country		Posta	Postal Code		
E-mail Address (This e-mail addre	ess is essential for commu	nications dealing wi	th the admi	issions process)	
Telephone Number					
Person to b	e Notified in Case of	an Emergency (	(eg. your	family)	
Name:			Relationship:		
Address:					
Phone Number:	E-m	ail 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 Date Taken (mm/yyyy) IELTS	Name of Test (TOEFL-iBT, TOEIC, or IELTS)	Score				

## **ACADEMIC INFORMATION (continued)**

Language						
Native Language		Proficiency in Japanese Lan Reading	guage (rate yourself GOOD, F Writing	AIR, POOR, NONE) Speaking		
Elementary, Middle, High School Attended						
Elementary School			<u> </u>	Dates (mm/yyyy - mm/yyyy)		
Middle School Institution				Dates (mm/yyyy - mm/yyyy)		
Institution High School			Dates (mm/yyyy - mm/yyyy)			
All Col	_		ed and/or You Are currer le(s), not using abbreviat	-		
Institution(s)		Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date		
If you are o	urrent	ly enrolled as a research	ch student in UOsaka, fi	Il in the following.		
Institution/Departmen	t	Research Group/ Supervisor	Student ID Number (If you are presently enrolled in the University of Osaka)	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date		
Past Enrollment Stat	tus as a		a Special Auditor at the Universet the selection process.)	ersity of Osaka (if applicable)		
Program  ☐ FrontierLab ☐ FrontierLab ☐ ISP ☐ Others (	Mini	Institution/Department	Supervisor	Dates (mm/yyyy - mm/yyyy)		
			earch and Teaching Pos			
Institution or Compan	y	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)		
		Academ	ic Awards			
Publications and/or Any Research You Have Completed (For Publications: Title of paper, Author names, <i>Journal name</i> Year, <i>Volume</i> , Page number) List your publications and/or achievements here						

ACADEMIC INFORM	Evalua	ations
	Persons Who will Submit	t Evaluation Letters on your behalf)
Name	Title	Institution
	Telephone Number	E-mail Address
		L 11011 / 102 000
Name	Title	Institution
	Telephone Number	E-mail Address
Name	Title	Institution
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	Telephone Number	E-mail Address
		nd kept in confidence by the office of the International
Physics Course, the Univer	rsity of Osaka. I hereby waive a	any and all rights I may have of access to such letters.
FUNDING INFORMA		
Explain how you will fur	nd your tuition, living expe	nses, etc. while you study at UOsaka.
· ·	•	aid, please describe details such as
funding source (sholars	ship name, etc.) , amount,	period covered, etc.
	YSTEM FOR INTERI	NATIONAL HONORS STUDENTS
(Refer to the Application	n Guidelines p8)	
☐Intend to Apply		
☐Do Not Intend to A	annly	
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APPLICANTS FOR 1	THE DOUBLE-DEGR	REE PROGRAM
		uble-Degree Program (DDP)
□Yes, I want to apply	(Other applicants should le	
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