

《IPC》

Enrollment in **October 2023**

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 | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Country | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | | Postal Code | | | | |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| E-mail Address (This e-mail address is essential for communications dealing with the admissions process) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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| 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 Master's program | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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 | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Current Enrollment Status as a Research Student at Osaka University (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution/Department | | | | | | Research Group | | | | | | | | (Prospective) Supervisor | | | | | | | | | Dates (mm/yyyy - mm/yyyy)  Including expected enrollment date | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 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 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ACADEMIC　INFORMATION (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
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| I understand that the evaluation letters are received and kept in confidence by International Physics Course Office, 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.) | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |
|  | 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 | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |
|  | Secured | | | |  | |  |  |

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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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Name of graduate program at partner institution | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Date of enrollment or expected date of enrollment at partner institution | | | | | | | | | | | | | | | | | | | | |
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