

The University of Osaka

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

Application Form for the Ph.D.

Program

(enrollment in April or October, 2026)

PERSONAL INFORMATION

Full Name (Please enter your name as it app	ears on your passport.)				
Gender (male or female)	Date of Birth			Photo (taken in the past 3	
		/		months)	
Nationality	(Year) (Mo	nth)	(Day)		
Nationality					
Applica	ant's Current Contact	Informati	on		
Street Address, Apartment Number, Box Nun	nber				
City or Town		Provi	nce or Stat	te	
Country			Postal Code		
E-mail Address (This e-mail address is esser	ntial for communications de	ealing with th	ne admissi	ion process)	
Telephone Number					
Person to be Notifi	ed in Case of an Eme	ergency (e	eg. your	family)	
Name:		Relati	Relationship:		
Address:					
Phone Number:	E-mail Addre	ss:			

ACADEMIC INFORMATION

	Academi	c Interest						
Group in which you would like	to carry out research during yo	ur Ph.D. program						
Name of lab head you have contact	ted. (Before submitting application do	ocuments, you should contact the hea	ad of your preferred research lab.)					
	Lang	juage						
Native Language	Proficiency in Japanese Langu	uage (rate yourself GOOD, FAII	R, POOR, NONE)					
	Reading	Writing	Speaking					
	All Colleges and Universities You Attended (Undergraduate) Please write the official name(s), not using abbreviations.							
Institution (s)	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date					
	All Colleges and Universities You Attended and/or You Are currently Attending (Graduate) 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 currer	ntly enrolled as a researc	ch student in UOsaka, fil	l 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	•	ent or a Special Auditor at ect the selection process.)	the UOsaka (if applicable)					
Program ☐ FrontierLab@OU ☐ FrontierLab Mini ☐ ISP ☐ Others (Institution/Department	Supervisor	Dates (mm/yyyy - mm/yyyy)					
Prof	fessional, Business, Rese	earch and Teaching Posi	tions					
Institution or Company	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)					

ACADEMIC INFORMATION (continued)

Academic Awards					
List your awards here					
		arch You Have Completed Journal name Year, Volume, Page number)			
List your publications and/or achievem		Journal Haille Teat, Volume, Fage Humber)			
List your publications and or dome to	ICHO HOIC				
	Title of Maste	r's Thesis			
	Evaluat				
		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			
		kept in confidence by the office of the International			

FUNDING INFORMATION

Explain how you will fund your tuition, living expenses, etc. while you study at UOsaka.
If you have secured any scholarships or financial aid, please describe details such as funding source (sholarship name, etc.), amount, period covered, etc.
TUITION WAIVER SYSTEM FOR INTERNATIONAL HONORS STUDENTS
(Refer to the Application Guidelines p. 8)
☐ Intend to Apply
☐ Do Not Intend to Apply
JAPANESE GOVERNMENT SCHOLARSHIP FOR SELECTED INTERNATIONAL STUDENTS (Refer to the Application Guidelines pp.8-9) ☐ Intend to Apply
☐ Do Not Intend to Apply
ENROLLMENT MONTH Please select one section (1 or 2), and then choose either option A or B within that section.
1. For applicants to the "Japanese Government scholarship for selected interntional students" If I am NOT selected as a candidate for the scholarship, I will enroll in □ A, April 2026 □ B, October 2026 *Choose either "A" or "B".
2. For others
I will enroll in
☐ A, April 2026
☐ B, October 2026 *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