



The University of Osaka

Graduate School of Science

International Physics Course (IP)

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,
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 admission 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 Ph.D. program			
Name of lab head you have contacted. (Before submitting application documents, you should contact the head of your preferred research lab.)			
Language			
Native Language	Proficiency in Japanese Language (rate yourself GOOD, FAIR, 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 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, <i>Journal name</i> Year , <i>Volume</i> , Page number)		
List your publications and/or achievements here		
Title of Master's Thesis		
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