

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 October 2025

PERSONAL INFORMATION

Full Name (Please enter your name	as it appears on your p Date of Birt (Yea	h //		(Day)	Photo (4cm x 3cm) (taken in the past 3 months)
Nationality		<u>()</u>			
	Applicant's Curre	ent Contact	Informa	ition	
Street Address, Apartment Number,					
City or Town			Pro	vince or Sta	ate
Country			Pos	stal Code	
E-mail Address (This e-mail address	is essential for comm	unications dea	ling with t	the admissi	on process)
Telephone Number					
Person to b	be Notified in Case	of an Eme	rgency	(eg. your	family)
Name:		Rel	Relationship:		
Address:					
Phone Number:	e Number: E-mail Address:				

ACADEMIC INFORMATION

Academic Interest					
Group in which you would li	ke to carry out researd	ch during your Ph.D. program			
Name of lab head you have cont	acted. (Before submitting	application documents, you should cor	tact the head of your preferred research lab.)		
Language					
Native Language Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR, NONE)			OOD, FAIR, POOR, NONE)		
	Reading	Writing	Speaking		

ACADEMIC INFORMATION (continued)

		You Attended (Undergradune(s), not using abbreviation	
Institution (s)	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date
		and/or You Are currently A ne(s), not using abbreviatio	
Institution (s)	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date
		ch student in UOsaka, fill	-
Institution/Department	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 Status as a		r a Special Auditor at the Unive fect the selection process.)	ersity of Osaka (if applicable)
Program ☐ FrontierLab ☐ FrontierLab Mini ☐ ISP ☐ Others (Institution/Department	Supervisor	Dates (mm/yyyy - mm/yyyy)
Institution or Company	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)
	Academ	ic Awards	
List your awards here			
(For Publications: Titl	le of paper, Author names	search You Have Complet s, <i>Journal nam</i> e Year , Vo	
List your publications and/or ac	hievements here		

ACADEMIC INFORMATION (continued)

Title of Master's Thesis					
Evalu	lations				
ames of Persons Who will Subm	it Evaluation Letters on your behalf)				
Title	Institution				
Telephone Number	E-mail Address				
Title	Institution				
Telephone Number	E-mail Address				
Title	Institution				
Telephone Number	E-mail Address				
	Evalu ames of Persons Who will Subm Title Telephone Number Title Telephone Number Title				

□ 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.

FUNDING INFORMATION

Explain how you will fund your tuition, living expenses, etc. while you study at the University of Osaka.

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 p8)

□Intend to Apply

Do Not Intend to Apply

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