## Application Form for the Ph.D. Program

Enrollment in October 2023

## **PERSONAL INFORMATION**

Contact Information   Contact Information	PERSONAL INFORMATION					
Contact Information   Contact Information	Full Name (first / middle / family)					
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Contact Information   Contact Information	First name	Middle name		Family r	name	Photo (4cm x 3cm)
Nationality    Year   (Month)   (Day)						( taken in the past 3
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Contact Information  Street Address, Apartment Number, Box Number  City or Town  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  FAX Number  Person to be Notified in Your Home Country in Case of an Emergency  Name: Relationship: Address:  Phone Number:  E-mail Address:  Phone Number:  ACADEMIC INFORMATION  ACADEMIC Interest  Your preference of group in which you would like to carry out research during your PhD 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)		(Year)		(Month)	(Day)	·
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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.							
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Current Er	rollment Status as a Resea	arch Student at Osaka Unive	ersity (if applicable)				
Institution/Department	Research Group	(Prospective) Supervisor	Dates (mm/yyyy – mm/yyyy)				
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Publications and/or Any Research You Have Completed  (For Publications: Title of paper, Author names, <i>Journal name</i> <b>Year</b> , <i>Volume</i> , Page number)							
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Title of Master's Thesis								
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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 an		nay nave of access to st	uch letters.					
ADDITIONAL INFORMATION		Funding Arrange						
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(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.)								
Status	Amount		Period Covered	Expenses Covered				
☐ Intend to Apply	(in yen)		(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)				
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Applied for								
Secured								

## 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