Osaka University

Graduate School of Science

Special Integrated Science Course

Office of Graduate Admissions - SISC

1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan

gssadmis@sci.osaka-u.ac.jp

Application Form
for the Master's Program

Enrollment in
October, 2024

PERSONAL INFORMATION

Full Name (first / middle / family)			Photo (4cm x 3cm) (taken in the past 3 months)
First name	Middle name	Family name	

Gender (male or female)	Date of Birth (Year) / (Month) / (Day)
Nationality	

Applicnat'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 admissions process)

Telephone Number

Country name you stay during applicatoin period

Person to be Notified in Case of an Emergency (eg. your family)

Name:	Relationship:

Address:

Phone Number:	E-mail Address:

ACADEMIC INFORMATION

Academic Interest

Intended Department (Biological Sciences, Macromolecular Science, or Chemistry)

Name(s) of lab head(s) you have contacted. (Before submitting application documents, you should contact the head of your preferred research lab.)

Test Information

TOEFL, TOEIC, or IELTS	Date Taken (mm/yyyy)	Name of Test (TOEFL-iBT, TOEIC, or IELTS)		Score
GRE General Test (optional)	Date Taken (mm/yyyy)	Verbal Score	Quantitative Score	Analytical Score
GRE Subject Test (optional)	Date Taken (mm/yyyy)	Subject		Score

ACADEMIC INFORMATION (continued)

Language			
Native Language	Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR, NONE)		
	Reading	Writing	Speaking

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/ Supervisor	Student ID Number (If you are presently enrolled in Osaka University)	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date

Past Enrollment Status as a Special Research Student or a Special Auditor at Osaka University (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 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

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

TUITION WAIVER SYSTEM FOR INTERNATIONAL HONORS STUDENTS

(Refer to the Application Guidelines p8)

☐ Intend to Apply

☐ Do Not Intend to Apply

FUNDING INFORMATION

Funding Arrangements			
Funding Source (scholarship name, family, personal, etc.)			
Status ☐ Intend to Apply ☐ Applied for ☐ Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status ☐ Intend to Apply ☐ Applied for ☐ Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)

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