



The University of Osaka
 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 April
 or October, 2027)**

PERSONAL INFORMATION

Full Name (as it appears on your 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 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 of lab head 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
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	
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		
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

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.)

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".
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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