

# Special Integrated Science Course

Office of Graduate Admissions - SISC 1-1 Machikaneyama, Toyonaka, Osaka 560-0043, Japan gssadmis@sci.osaka-u.ac.jp

# Osaka University Graduate School of Science Application Form for the PhD Program for the PhD Program

### PERSONAL INFORMATION

| Full Name (first / middle / family)            |                                   |                   |                   |                              |
|--|-----------------------------------|-------------------|-------------------|------------------------------|
|  |                                   |                   |                   |                              |
| First name Midd                                | First name Middle name Family nam |                   |                   | Photo (4cm x 3cm)            |
| Gender (male or female)                        | Date of Birth (Year)              | /<br>(Month)      | /<br>(Day)        | (taken in the past 3 months) |
| Nationality                                    |                                   | , ,               | , ,,              |                              |
|  | Contact Ir                        | nformation        |                   |                              |
| Street Address, Apartment Number, Box Numb     | oer                               |                   |                   |                              |
| City or Town                                   |                                   |                   | Province or State |                              |
| Country  | ountry                            |                   | Postal Code       |                              |
| E-mail Address (This e-mail address is essenti | al for communica                  | ations dealing wi | th the admission  | process)                     |
| lephone Number FAX Number                      |                                   | FAX Number        |                   |                              |
| Country name you stay during examination per   | iod                               |                   |                   |                              |
| Person to be Notified                          | in Your Home                      | e Country in C    | Case of an E      | mergency                     |
| Name:  |                                   |                   | Relationship:     |                              |
| Address:                                       |                                   |                   |                   |                              |
| Phone Number:                                  | E-r                               | nail Address:     |                   |                              |

### **ACADEMIC INFORMATION**

| Academic Interest            |                                    |   |  |  |
|------------------------------|------------------------------------|---|--|--|
| Intended Department (B       | iological Sciences, Macromol       | ecular Science, or Chemistry  | )  |  |
| Name(s) of lab head(s) you h | have contacted. (Before submitting | application documents, you shou   | ld contact the head of your preferred research lab.) |  |
|                              |                                    | Language  |  |  |
| Native Language              | Proficiency in Japan               | Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR, NONE) |  |  |
|                              | Reading                            | Writing   | Speaking   |  |

# **ACADEMIC INFORMATION (continued)**

| 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       |  |
|  | versities You Attended a<br>ase write the official name |                          |  |  |
| Institution (s)  | Location  | Major                    | Dates (mm/yyyy - mm/yyyy)<br>Including expected graduation<br>date |  |
|  | nt Status as a Research                                 |                          |  |  |
| Institution/Department   | Research Group  | (Prospective) Supervisor | Dates (mm/yyyy - mm/yyyy)<br>Including expected enrollment<br>date |  |
| Prof   | essional, Business, Rese                                | earch and Teaching Posit | ions   |  |
| Institution or Company   | Location  | Position or Title        | Dates Employed<br>(mm/yyyy - mm/yyyy)                              |  |
| Academic Awards  |   |                          |  |  |
| List your awards here  |   |                          |  |  |
| Puk  | olications and/or Any Res                               | earch You Have Comple    | ted  |  |
| (For Publications: Title   | e of paper, Author names                                | •                        |  |  |
| List your publications and/or ach  | nevements here  |                          |  |  |

# **ACADEMIC INFORMATION (continued)**

| Telephone Number  E-mail Address  Title  Institution  Telephone Number  E-mail Address  Title  Institution  Telephone Number  E-mail Address  ING INFORMATION  Funding Arrangements  (The information below will help us to understand how you intend to fund your studies at Osaka University.)  Ing Source  Cial scholarship for SISC students  If you want to apply for "Special scholarship for SISC students", please check the box "Intend to Apply".  Ing Source (scholarship name, family, personal, etc.)   | Title of Master's Thesis                  |             |                         |                 |                        |                               |
|--|---|-------------|-------------------------|-----------------|------------------------|-------------------------------|
| (Names of Persons Who will Submit Evaluation Letters on your behalf)  Title Institution  Title Institution  Title Institution  Telephone Number E-mail Address  Title Institution  Telephone Number E-mail Address  Institution  Funding Arrangements  (The information below will help us to understand how you intend to fund your studies at Osaka University.)  Ing Source  Institution  Telephone Number E-mail Address  Institution  Funding Arrangements  (The information below will help us to understand how you intend to fund your studies at Osaka University.)  Ing Source  Institution  Fernall Address  E-mail Address  Institution  Fernall Address  Institution  Fernall Address  Institution  Telephone Number E-mail Address  E-mail Address  Institution  Telephone Number E-mail Address  E-mail Address  Institution  Telephone Number E-mail Address  Institution  Telephone Number E-mail Address  E- |   |             |                         |                 |                        |                               |
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| ng Source (scholarship name, family, personal, etc.)  S  | □Intend to Apply                          |             |                         |                 |                        |                               |
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| Amount Period Covered Expenses Covered (fees, living expenses, etc.)   |   | :           |                         |                 |                        | •                             |
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| ]Applied for   | □Intend to Apply                          | (in yen     | )                       | (mm/            | yyyy - mm/yyyy)        | (fees, living expenses, etc.) |
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| JSecured   | ⊔Secured                                  | i           |                         |                 |                        |                               |
|  | Funding Source (scholarship<br><br>Status | Amour       | nt                      |                 |                        |                               |
|  | NROLLMENT MON                             |             | l aabalameleie fe O     | 2100            | 4                      |                               |
|  |   |             |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"   |   |             |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"<br>If I am NOT selected as a recipient of the scholarship, I will enroll in   |   |             |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"<br>If I am NOT selected as a recipient of the scholarship, I will enroll in<br>□A, April 2023   | *   |             |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"<br>If I am NOT selected as a recipient of the scholarship, I will enroll in<br>□A, April 2023<br>□B, October 2023   | 2. For others                             | . ט         |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"  If I am NOT selected as a recipient of the scholarship, I will enroll in  □A, April 2023 □B, October 2023  oose either "A" or "B".   | I will enroll in                          |             |                         |                 |                        |                               |
| or applicants to the "Special scholarship for SISC students"  If I am NOT selected as a recipient of the scholarship, I will enroll in  □A, April 2023 □B, October 2023  oose either "A" or "B".  or others  |   |             |                         |                 |                        |                               |
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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                                   |  |  |  |  |