



# 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 Ph.D. Program

### 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			
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 admission process)			
Telephone Number		FAX Number	
Country name you stay during examination period			
Person to be Notified in Your Home Country in Case of an Emergency			
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.)			
Language			
Native Language	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
All Colleges and Universities You Attended and/or You Are currently Attending (Graduate) 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	(Prospective) Supervisor	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date
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, <i>Journal name</i> <b>Year</b> , <i>Volume</i> , Page number)			
List your publications and/or achievements here			

**ACADEMIC INFORMATION (continued)**

Title of Master's Thesis		
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 (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 <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status <input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied for <input type="checkbox"/> Secured	Amount (in yen)	Period Covered (mm/yyyy - mm/yyyy)	Expenses Covered (fees, living expenses, etc.)

**ENROLLMENT MONTH**

I will enroll in <input type="checkbox"/> A, April 2024 <input type="checkbox"/> B, October 2024 * Choose either "A" or "B".
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## APPLICANTS FOR THE DOUBLE-DEGREE PROGRAM

<p>Only for Applicants to the Double-Degree Program (DDP) (Other applicants should leave this section blank.)</p>
<input type="checkbox"/> 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