

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

> Enrollment in October 2023

PERSONAL INFORMATION

Full Name (first / middle / family)				
First name	rst name Middle name Family name		ie	Photo (4cm x 3cm)
Gender (male or female)	Date of Birth			(taken in the past 3 months)
	(Year)	(Month)	(Day)	inonaio)
Nationality	······································	//		
	Contact I	nformation		
Street Address, Apartment Number	r, Box Number			
City or Town	Provinty or Town		Province or State	
Country	Sountry Po		stal Code	
E-mail Address (This e-mail addres	ss is essential for communi	cations dealing with	the admissic	n process)
		Cations acamig		
Telephone Number	e Number FAX Number			
Country name you stay during exar	nination period			
Person to be	Notified in Your Hom	e Country in Ca	se of an E	mergency
Name:		Re	lationship:	
Address:				
Phone Number:	E-r	mail Address:		

ACADEMIC INFORMATION

Academic Interest			
Intended Department (Biologic	al Sciences, Macromo	blecular Science, or Chemistr	y)
Name(s) of lab head(s) you have con	ntacted. (Before submitting	application documents, you should	I 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
		nd/or You Are currently A e(s), not using abbreviatio	
Institution (s)	Location	Major	Dates (mm/yyyy - mm/yyyy) Including expected graduation date
		Student at Osaka Univer	
Institution/Department	Research Group	(Prospective) Supervisor	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date
Pro	fessional, Business, Rese	earch and Teaching Posit	ions
Institution or Company	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)
	Academi	c 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			

ACADEMIC INFORMATION (continued)

Title of Master's Thesis		
	Evalua	
(Nar	nes of Persons Who will Submi	t 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

(The information be		unding Arrangements derstand how you intend to fund your stu	udies at Osaka University.)
Funding Source (scholarshi	o name, family, persor	nal, etc.)	
Status	Amount	Period Covered	Expenses Covered
□Intend to Apply □Applied for □Secured	(in yen)	(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
Funding Source (scholarship name, family, personal, etc.)			
Status	Amount	Period Covered	Expenses Covered
□Intend to Apply □Applied for □Secured	(in yen)	(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
Funding Source (scholarshi	o name, family, persor	nal, etc.)	
Status	Amount	Period Covered	Expenses Covered
□Intend to Apply □Applied for □Secured	(in yen)	(mm/yyyy - mm/yyyy)	(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