



# 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, 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			
<b>Applicant's Current Contact Information</b>			
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			
Country name you stay during examination period			
<b>Person to be Notified in Case of an Emergency (eg. your family)</b>			
Name:		Relationship:	
Address:			
Phone Number:		E-mail Address:	

### ACADEMIC INFORMATION

<b>Academic Interest</b>			
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.)			
<b>Language</b>			
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/ 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 <input type="checkbox"/> FrontierLab@OU <input type="checkbox"/> FrontierLab Mini <input type="checkbox"/> ISP <input type="checkbox"/> 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, <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

**TUITION WAIVER SYSTEM FOR INTERNATIONAL HONORS STUDENTS**

(Refer to the Application Guidelines p8)

<input type="checkbox"/> Intend to Apply
<input type="checkbox"/> Do Not Intend to Apply

**FUNDING INFORMATION**

Funding Arrangements			
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.)

**APPLICANTS FOR THE DOUBLE-DEGREE PROGRAM**

Only for Applicants to the Double-Degree Program (DDP) (Other applicants should leave this section blank.)
<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