



**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 Ph.D. Program**

Enrollment in  
**October, 2026**

**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		
<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 of lab head 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
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 the University of Osaka)	Dates (mm/yyyy - mm/yyyy) Including expected enrollment date
Past Enrollment Status as a Special Research Student or a Special Auditor at the University of Osaka (if applicable) (This section does not affect the selection process.)			
Program <input type="checkbox"/> FrontierLab <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

**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.)

**TUITION WAIVER SYSTEM FOR INTERNATIONAL HONORS STUDENTS**

(Refer to the Application Guidelines p. 8)

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