Application Form for the PhD Program

PERSONAL INFORMATION

Full Name (first / middle / family)				
First name	Middle name	Family	name	Photo (4cm x 3cm)
Gender (male or female)	Date of Birth			(taken in the past 3
		1	/	months)
	(Year)	(Month)	(Day)	
Nationality				
	Contact Ir	formation		
Street Address, Apartment Number, Box Nu	mber			
City or Town			Province or State	
Country			Postal Code	
E-mail Address (This e-mail address is esse	ntial for communications deal	ing with the admission	process)	
Telephone Number		FAX Number		
Person to b	e Notified in Your Home	Country in Case of	of an Emergency	
Name:			Relationship:	
Address:				
Phone Number:		E-mail Address:		
ACADEMIC INFORMATION				

ACADEMIC INFORMA	ATION		
	A	Academic Interest	
Your preference of group in	which you would like to carry out re	esearch during your PhD program	
Name of lab head you have	contacted. (Before submitting appl	ication documents, you should contact t	he head of your preferred research lab.)
		Language	
Native Language	Proficiency in Japanese	e Language (rate yourself GOOD, FAIR	, POOR,NONE)
	Reading	Writing	Speaking
	<u> </u>	Page 1	<u> </u>

	Colleges and Universit	ies you Attended (undergra	duate)
Institution	Location	Major	Date (mm/yyyy – mm/yyyy) Including expected graduation date
Colleges	s and Universities you Atter	ided or you are Currently At	ttending (graduate)
Institution	Location	Major	Date (mm/yyyy – mm/yyyy) Including expected graduation date
Current E	nrollment Status as a Rese	arch Student at Osaka Univ	versity (if applicable)
Institution/Department	Research Group	(Prospective) Supervisor	Dates (mm/yyyy – mm/yyyy) Including expected enrollment date
	Professional, Business,	Research and Teaching Po	ositions
Institution or Company	Location	Position or Title	Dates Employed (mm/yyyy - mm/yyyy)
	Aca	demic Awards	
List your awards here			
(For Publicati		y Research You Have Com names, <i>Journal name</i> Year ,	
List your publications and/or ach		iamos, voamamame 1ear,	volume, i age number)

Status ☐Intend to Apply

□Secured

 \square Applied for

Amount

(in yen)

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			Title of Master's	s Thesis	
			Recommend	ations	
	(Name	s of persons	s who will submit ev	aluation letters on your b	pehalf)
Name			Title	Institution	
			Telephone Number	E-mail Address	
Name			Title	Institution	
			Telephone Number	E-mail Address	
Name			Title	Institution	
			Telephone Number	E-mail Address	
☐ I understand	that the evaluati	on letters are	received and kept in	confidence by the Office of	Graduate Admissions –
International Phy	sics Course, Os	aka University	y. I hereby waive any	and all rights I may have of	access to such letters.
ADDITIONAL I	NFORMATION	J			
			Funding Arrang	gements	
(The information be	elow will help us	s to understand how you	intend to fund your studies at	Osaka University.)
Funding Source					
Special schola	arship for IPC	students			
Status Intend	d to Apply	If you want to	apply for the "Special so	cholarship for IPC students", pl	ease check the box "Intend to
		Apply".			
Funding Source (so	cholarshin name f	amily nersonal	etc.)		
Turiding Oddroc (30	Shoidi Ship Hame, 1	arriny, personar	, 610.)		
Status 🗆 Intend	d to Apply	Amount		Period Covered	Expenses Covered
□Applie	ed for	(in yen)		(mm/yyyy - mm/yyyy)	(fees, living expenses, etc.)
□Secur	red				
Funding Source (so	cholarship name, f	amily, personal	, etc.)		

Period Covered

(mm/yyyy - mm/yyyy)

Expenses Covered

(fees, living expenses, etc.)

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ENROLLMENT MONTH

1. For applicants to the "Special scholarship for IPC students"
If I am NOT selected as a recipient of the scholarship, I will enroll in
A, April 2022
B, October 2022
* Choose either "A" or "B".
2. For others
I will enroll in
A, April 2022
B, October 2022
* Choose either "A" or "B".
APPLICANTS FOR THE DOUBLE-DEGREE PROGRAM
Only for applicants to the Double-Degree Program (DDP)
(Other applicants should leave this section blank)
(Other applicants should leave this section blank)
(Other applicants should leave this section blank) Yes, I want to apply to the DDP
(Other applicants should leave this section blank) Yes, I want to apply to the DDP
(Other applicants should leave this section blank) Yes, I want to apply to the DDP Name of partner institution
(Other applicants should leave this section blank) Yes, I want to apply to the DDP Name of partner institution
(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
(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
(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