

Enrollment in **October 2022**

Application Form

for the Master's Program

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| 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 admissions process) | 　 | 　 | 　 | 　 | 　 | 　 |
| 　 |
| Telephone Number | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | FAX Number | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
| 　 | 　 |
| 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 |
| Your preference of group in which you would like to carry out research during your Master's program | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
|  |
| Name of lab head you have contacted. (Before submitting application documents, you should contact the head of your preferred research lab.) |
|  |
| Test Information |
| TOEFL, TOEIC, or IELTS | Date Taken (mm/yyyy) | 　 | 　 | Name of Test (TOEFL-iBT, TOEIC, IELTS, etc.) | 　 | Score | 　 | 　 | 　 | 　 |
| 　 | 　 | 　 |

**PERSONAL INFORMATION**

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| **ACADEMIC INFORMATION (continued)** |
| Language |
| Native Language | 　 | 　 | 　 | Proficiency in Japanese Language (rate yourself GOOD, FAIR, POOR, NONE) |
| 　 | Reading |  |  |  |  | 　 | Writing |  |  |  |  |  | 　 | Speaking |  |  |  |  | 　 |
| 　 | 　 | 　 |
| Elementary, Middle, High School Attended |
| Elementary School | Institution | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | Date (mm/yyyy - mm/yyyy) |
| 　 | 　 |
| Middle School | Institution | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | Date (mm/yyyy - mm/yyyy) |
| 　 | 　 |
| High School | Institution | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | Date (mm/yyyy - mm/yyyy) |
| 　 | 　 |
| All Colleges/Universities You Attended and/or You Are currently AttendingPlease write the official name(s), not using abbreviations. |
| Institution(s) | 　 | 　 | 　 | 　 | 　 | Location | 　 | 　 | 　 | 　 | 　 | Major | 　 | 　 | 　 | 　 | 　 | 　 | Date (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 | Date (mm/yyyy - mm/yyyy)Including expected enrollment date |
|  |  |  |  |
| Professional, Business, Research and Teaching Positions |
| Institution or Company | 　 | 　 | Location | 　 | 　 | 　 | 　 | 　 | Position or Title | Date 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, *Journal name* **Year**, *Volume*, Page number) |
| List your publications and/or achievements here | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
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| **ACADEMIC　INFORMATION (continued)** |
| 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 |
| 　 | 　 | 　 |
|  I understand that the evaluation letters are received and kept in confidence by International Physics Course Office, Osaka University. I hereby waive any and all rights I may have of access to such letters. |
|
| **ADDITIONAL 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 |  |  |  |  |  |  | 　 | Amount |  |  |  |  |  |  | 　 | Period Covered | Expenses Covered |
| 　 | Intend to Apply | 　 | (in yen) |  |  |  |  | 　 | (mm/yyyy - mm/yyyy) |  | 　 | (fees, living expenses, etc.) |
| 　 | Applied for | 　 | 　 | 　 |
| 　 | Secured | 　 | 　 | 　 |
| Funding Source (scholarship name, family, personal, etc.) |
| 　 |
| Status |  |  |  |  |  |  | 　 | Amount |  |  |  |  |  |  | 　 | Period Covered | Expenses Covered |
| 　 | Intend to Apply | 　 | (in yen) |  |  |  |  | 　 | (mm/yyyy - mm/yyyy) |  | 　 | (fees, living expenses, etc.) |
| 　 | Applied for | 　 | 　 | 　 |
| 　 | Secured | 　 | 　 | 　 |
| Funding Source (scholarship name, family, personal, etc.) | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 | 　 |
| 　 |
| Status |  |  |  |  |  |  | 　 | Amount |  |  |  |  |  |  | 　 | Period Covered | Expenses Covered |
| 　 | Intend to Apply | 　 | (in yen) |  |  |  |  | 　 | (mm/yyyy - mm/yyyy) |  | 　 | (fees, living expenses, etc.) |
| 　 | Applied for | 　 | 　 | 　 |
| 　 | Secured | 　 | 　 | 　 |

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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.) |
| 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 |
| 　　 |

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