

3rd year · April

Examinee's
Number

*

**Graduate School of Frontier Biosciences
Osaka University
Application for Graduate Admission for April 2024**

Date: _____ /Month: _____ /Year: _____

Applicant Name (Name in Full)

Family name

First name

Middle name

Sex: Male Female

Date of Birth: _____ / _____ / _____ (DD/MM/YYYY)

If you are an Osaka University graduate, please enter your student ID number

--	--	--	--	--	--	--	--	--	--

Application Eligibility	Name of University / Institution :	
	Department / Major :	
	Date of Degree received/expected : ____/____/____ (DD/MM/YYYY)	
* Determined as eligible by the Admissions Committee of the Osaka University Graduate School of Frontier Biosciences		
DATE:		
Please fill out the score of the English test you are submitting.		
Exam Date : ____/____/____ (DD/MM/YYYY)		
TOEIC _____ TOEFL _____ IELTS _____		
Thesis Title		
Applicant's Information	Nationality	

	Current Address	(〒 -) Telephone: () - E-mail Address :
Name of your desired supervisor <u>*Contact and obtain informal acceptance in advance</u>	Name	

Education (Secondary and Post-secondary Institutions)	Name of Institution(s) attended	Years of study	Entrance	Completion
			Month/Year	Month/Year
Job History (if any)	Employer or Organization/ Job Title	Month/Year		

- (Note) ○ You cannot change your application after submission.
○ Please write clearly in standard style.
○ Please leave the columns (*) blank.

◎ I wish to apply for Tuition Fee Exemption for International Honors Students.

(Yes · No) Note: Please circle an item in the () .

*To apply, you are required to submit an essay. Please refer to “10. Tuition Fee Exemption for International Honors Students” for the detail.

◎ I completed my university education in English in a country where English is the native language (Yes · No) Note: Please circle an item in the () .

◎ I wish to take the online examination because I live outside Japan at the time of application.

(Yes · No) Note: Please circle an item in the () .

3rd year • April

*Please submit only if you meet the application criteria (7) or (8)

____/____/____ (DD/MM/YYYY)

Application for Qualifying Review

To Dean of Graduate School of Frontier Biosciences

Name _____
Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)

I would like to apply for admission to the Ph.D. program at Graduate School of Frontier Biosciences. As such, I wish to undergo the above mentioned qualifying review and have attached the designated documents for my request.

Application for Qualifying Review

Receipt number	*	Examinee Number	*
Name			
Date of Birth	DD MM YYYY		
Current Address	Phone Number		
Current Job (Institution/Position)			
Address	Phone Number		
Month / Year	Education		
Month / Year	Job History		
Month / Year	Please fill out your academic society, activities, contribution, and any other noteworthy items.		

*Please submit only if you meet the application criteria (7) or (8) **Please leave the columns (*) blank.

3rd year · April

Examinee's Number	*
----------------------	---

Dear Dean of Graduate School of Frontier Biosciences

Study Permit (For Current Employees)

Applicant Name _____
Date of Birth: ____/____/____ (DD/MM/YYYY)

The person above is hereby permitted to pursue the Ph.D. course in the Graduate School of Frontier Biosciences at Osaka University.

Date ____/____/____ (DD/MM/YYYY)

Address

Name of company/institution

Name of president/representative

Official Seal

3rd year • April

Examination admission card (2024)

**Examinee's
Number**

※

Photo

1. A solo photograph of the candidate's top-half (hat removed) taken from the front within the past three months

2. Please paste the same photograph as per the Photograph Slip

3. Vertical (4.0cm) × Horizontal (3.0cm)

Name _____

Taken in: Year Month

(Things to take note of when during the examination)

1. Please bring along your Examination Card with you to the examination venue.
2. Please be sure to enter the examination venue with sufficient time and adhere to the staff's instructions.
3. The Examination Card may be used as an identification document until your admission into the school. Therefore, please keep it safe even after the announcement of your admission.

(Please do not tear)

.....

3rd year • April

Examination photo card (2024)

**Examinee's
Number**

※

Photo

1. A solo photograph of the candidate's top-half (hat removed) taken from the front within the past three months

2. Please paste the same photograph as per the Photograph Slip

3. Vertical (4.0cm) × Horizontal (3.0cm)

Name _____

Taken in: Year Month

(Things to take note of when filling up the above)

1. Please do not write in the box labelled ※.
2. Please write clearly.
3. Please do not fold this paper except along the perforations.

Contact details seal

* **Only for residents in Japan.**

- The "Enrollment Documents" and other relevant information will be sent to the addressee listed on this sheet
- Please write your postal code, address of residence, and name in clear, using a ballpoint pen
- In case you have a change of address after submitting this sheet, please provide prompt notice.

<p>□□□□-□□□□□□</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name</p> <p>_____</p> <p>Examinee's No _____</p>	<p>□□□□-□□□□□□</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name</p> <p>_____</p> <p>Examinee's No _____</p>
<p>□□□□-□□□□□□</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name</p> <p>_____</p> <p>Examinee's No _____</p>	<p>□□□□-□□□□□□</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name</p> <p>_____</p> <p>Examinee's No _____</p>