

3rd year • October

Examinee's
Number

*

Application Form for October 2024 Admission

Date (mm/dd/yyyy): _____ / _____ / _____

To the president of Osaka University,

I hereby formally submit my application for transfer into the third year of the doctoral program at the Graduate School of Frontier Biosciences, Osaka University.

Applicant's Name (Name in Full):

First name

Middle name

Family name

Sex: Male Female

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

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

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Application Eligibility	Name of University / Institution: _____	
	Department / Major: _____	
	Date of (expected) completion (mm/dd/yyyy): _____ / _____ / _____	
<i>*If you have graduated (or are expected to graduate) from a university overseas, please fill in the date on which you applied to AAD in the column labeled "Application Date to AAD" below.</i>		
* If you have applied for the Qualifying Review, please indicate the date on which you received the results.		
Date (mm/dd/yyyy): _____ / _____ / _____		
Please fill out the score of the English proficiency test you are submitting.		
Exam Date (mm/dd/yyyy): _____ / _____ / _____		
TOEIC: _____ TOEFL: _____ IELTS: _____		
Thesis Title	_____	
Applicant's Information	Nationality	_____
	Current Address	(〒 -) Phone Number: () - E-mail Address: _____
	Application Date to AAD, Admissions Assistance Desk (mm/dd/yyyy): _____ / _____ / _____	
Prospective Supervisor <i>* Obtaining informal acceptance in advance is mandatory.</i>		

Educational Background

* Provide your educational history starting from elementary school.

* For universities and graduate schools, please also include the faculty/graduate school, department/major, and program.

* Please include the period of research student as well.

Period (mm/yyyy)	Name of Institution
From: / To: /	
From: / To: /	
From: / To: /	
From: / To: /	
From: / To: /	
From: / To: /	

Work Experience (if any)

Period (mm/yyyy)	Name of Employer or Organization / Job Title
From: / To: /	
From: / To: /	
From: / To: /	
From: / To: /	

(Note)

- After submitting the application, no changes to the application details will be permitted.
- Please fill in using block letters instead of cursive.
- Do not fill in the Examinee's Number.

Please answer the following three questions:

<p>Do you wish to apply for the Tuition Fee Exemption for International Honors Students?</p> <p>*Submission of an essay is required. Please refer to "10. Tuition Fee Exemption for International Honors Students.</p> <p><input type="checkbox"/> Yes, I wish to apply.</p> <p><input type="checkbox"/> No, I do not wish to apply.</p>
<p>Did you complete your university education in a country where English is the primary language, and was it conducted in English?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Do you currently reside outside of Japan and therefore wish to take the exam online?</p> <p><input type="checkbox"/> Yes, I wish to take the exam online.</p> <p><input type="checkbox"/> No, I wish to take the exam on-site at the venue.</p>

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

Date (mm/dd/yyyy): _____/_____/_____

Application for Qualifying Review

To Dean of Graduate School of Frontier Biosciences,

Full Name: _____

Date of Birth (mm/dd/yyyy): _____/_____/_____

I wish to transfer into the third year of the doctoral program at the Graduate School of Frontier Biosciences, Osaka University. Therefore, I am applying for the aforementioned review with the necessary documents attached.

Application for Qualifying Review

Receipt number	*	Examinee Number	*
Name			
Date of Birth (mm/dd/yyyy)	____ / ____ / ____		
Current Address	Phone Number:		
Current Job (Institution/Position)			
Address of the institution	Phone Number:		
Period (mm/yyyy)	Educational Background		
	*Provide your educational history starting from elementary school.		
From: /			
To: /			
From: /			
To: /			
From: /			
To: /			
From: /			
To: /			
Period (mm/yyyy)	Work Experience (if any)		
From: /			
To: /			
From: /			
To: /			
From: /			
To: /			
Month / Year	Activities and contributions to academic societies, as well as any other noteworthy achievements.		

*Please submit only if you meet the application criteria (7) or (8). Do not fill in the receipt/examination number.

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Graduate School of Frontier Biosciences Research Plan for Current Employees

Full Name	
Prospective Supervisor	

Research plan after enrollment

Please provide a specific research plan, including the research location, hours dedicated to research, etc., assuming enrollment in the Graduate School of Frontier Biosciences while remaining employed.

* Please add the additional paper (A4 size) if you need more space.

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Dear Dean of Graduate School of Frontier Biosciences

Study Permit (for current employees)

Full Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____

The individual mentioned above is permitted to enroll in the doctoral program at the Graduate School of Frontier Biosciences, Osaka University.

Date (mm/dd/yyyy): ____/____/____

Name of the Employer: _____

Address of the Employer: _____

Head of the Employer
Institution / Organization: _____ Official Seal

*Please leave the Examinee's Number blank.

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Photo

1. Taken within the last 3 months, showing your upper body, without a hat, facing forward, and taken alone.
2. The same photo as per the examination photo card
3. Vertical (4.0cm) × Horizontal (3.0cm)

Examination admission card (October 2024)

Examinee's Number	※
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Name _____

Taken in (Month/Year): _____ / _____

Graduate School of Frontier Biosciences

Important Note:

1. Please always carry the examination admission card with you at the examination venue.
2. Arrive at the examination venue well before the scheduled time and follow the instructions of the staff.
3. Your examination admission card may be used as an identification document until enrollment, so please keep it safe even after the announcement of the results.

(Please do not tear)

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Photo

1. Taken within the last 3 months, showing your upper body, without a hat, facing forward, and taken alone.
2. The same photo as per the examination admission card
3. Vertical (4.0cm) × Horizontal (3.0cm)

Examination photo card (October 2024)

Examinee's Number	※
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Name _____

Taken in (Month/Year): _____ / _____

Graduate School of Frontier Biosciences

Notes on filling out:

1. Please do not fill in the Examinee's Number.
2. Please write clearly in block letters rather than cursive.
3. Please do not fold this sheet except along the perforated lines.

Contact details seal

*Please submit this seal only if you reside in Japan.

- This seal will be used for addressing the Enrollment Procedures Guide and other correspondence.
- Please fill in your postal code, address, and name with a ballpoint pen in all four spaces.
- After submitting this seal, please promptly notify the Graduate School of Frontier Biosciences if there are any changes to your address or other contact information.

<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>