

Enrollment year:

Graduate School of Frontier Biosciences, The University of Osaka

Application Form for First-Year Enrollment into the Doctoral Program

Enrollment month:

*All dates on this form should be entered in the order of year, month, and day.


| | | | | | |
|--|---|--|---|-----------------------------------|-------------|
| Current OU students only (including research students) | | Student ID | | Examinee's No. *Leave it blank | |
| Prospective supervisor *Be sure to obtain prior informal consent. | | Name of the faculty member | | | |
| Katakana | First name Family name Middle name | | | | Nationality |
| Name | | | | | |
| Kanji (if you have) | | | | | |
| Birth date | / / | | Sex | | |
| Contact | Zip code | | TEL | | |
| | Address | | | | |
| | e-mail | | | | |
| Sections for foreign applicants | | MEXT student | | Foreign government--sponsored | |
| | | Privately financed | | | |
| | | *Would you like to apply for the Tuition Fee Exemption for International Honors Students? Yes, I would like to apply. No, I don't want to apply. | | | |
| | | Date of application to AAD (yyyymmdd) | | / / | |
| Qualification | Fill in the relevant number from '2. Application Criteria' in the application guidelines. | | | | |
| | University: | | Faculty: | | |
| | Department: | | (Expected) graduation date: / / | | |
| | I was awarded a degree by the National Institution for Academic Degrees / Quality Enhancement of Higher Education on / / . | | | | |
| | I have passed the Qualifying Review of FBS on / / . | | | | |
| English proficiency test type: | | Test Date: / / | | Test Score: | |
| CV | *Write your complete educational background including research student period (in order from elementary school to the last school you attended) and your employment background, without omission. | | | | |
| Educational Background | / ~ / | | | | |
| | / ~ / | | | | |
| | / ~ / | | | | |
| | / ~ / | | | | |
| | / ~ / | | | | |
| Research/Employment Background | / ~ / | | | | |
| | / ~ / | | | | |
| | / ~ / | | | | |
| | / ~ / | | | | |

Ⓒ Do you wish to take the exam remotely due to residing outside of Japan? Yes No

Statement of Purpose

| | |
|---|----------------------|
| Examinee's No. | * |
| Katakana Name Birth date | / / |

Please state the reasons for applying to the Graduate School of Frontier Biosciences.



Please do not fill in the fields marked with an asterisk (*).

Form for Oral Examination

| | |
|------------------|-----|
| Examinee's No. | * |
| Katakana Name | |
| Birth date | / / |

| |
|--|
| |
|--|

Please do not fill in the fields marked with an asterisk (*).

Examination Admission Card

Desired enrollment date:

| | |
|----------------|---|
| Examinee s No. | * |
|----------------|---|

Name: _____

Graduate School of Frontier Biosciences, The University of Osaka

Photo

1. A hatless, front-facing upper body photo taken within the last three months.
2. Attach the same photo as the one affixed to the card below.
3. 4.0 cm (height) × 3.0 cm (width).

Date the photo was taken:

: /

Important Note:

1. Always carry this card with you at the venue.
2. This card may be used as a form of identification until enrollment, so please keep it even after the result announcement.

DO NOT DETACH

Examination Photo Card

Desired enrollment date:

| | |
|----------------|---|
| Examinee's No. | * |
|----------------|---|

Name: _____

Graduate School of Frontier Biosciences, The University of Osaka

Photo

1. A hatless, front-facing upper body photo taken within the last three months.
2. Attach the same photo as the one affixed to the card below.
3. 4.0 cm (height) × 3.0 cm (width).

Date the photo was taken:

/

Please do not fill in the fields marked with an asterisk (*).

Shipping Label (Japanese residents only)

- Be sure to submit this document. We will use this shipping label for sending the documents to the applicants.
- If you change your address or other contact details after applying, please promptly inform the Educational Affairs Section of the Graduate School of Frontier Biosciences.

| | |
|--------------------------|---|
| 〒 Address: To: | |
| Examinee's No. | * |

Please do not fill in the fields marked with an asterisk (*).

Shipping Label (Japanese residents only)

Affix this shipping label to the envelope, place all application documents inside, and send it.

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吹田市山田丘一番三号

大阪大学大学院生命機能研究科

大学院係 御中

簡易書留

【博士課程第1年次入学願書在中】

Research Plan (Working professionals only)

| | |
|-------------------------------|--|
| Katakana Name | |
| Prospective supervisor | |

Research plan after enrollment

Please provide a detailed research plan in the event that you enroll in the Graduate School of Frontier Biosciences while still employed, including your research location, working hours, and other relevant details.

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*If there is not enough space, please use multiple copies of this document.

Application Documents Checklist (First-Year Enrollment into the Doctoral Program)

Check the applicable items in the list below, verify that there are no missing documents, and submit this checklist along with your application documents.

Name: _____

| | Application Documents | Check <input checked="" type="checkbox"/> | |
|----|--|---|--|
| 1 | Application Form | <input type="checkbox"/> Enclosed | |
| 2 | Statement of Purpose | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed ※ |
| 3 | Transcript | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed ※ |
| 4 | Certificate of (expected) Graduation | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed ※ |
| 5 | Certificate of Bachelor's Degree <small>*Those who graduated from an overseas university and do not have a degree title on the graduation certificate, or those who are applying under '2. Application Criteria, (2)' only.</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 6 | Form for Oral Examination | <input type="checkbox"/> Enclosed | |
| 7 | Visual Aid Handout (six identical copies) | <input type="checkbox"/> Enclosed | |
| 8 | Certificate of English Proficiency | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (exempted) |
| 9 | Proof of Entrance Examination Fee Payment | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed |
| 10 | Examination Admission Card Examination Photo Card | <input type="checkbox"/> Enclosed | |
| 11 | Shipping Label <small>*Residents in Japan only</small> | <input type="checkbox"/> Enclosed | |
| 12 | An Envelope with a Stamp Affixed <small>*Residents in Japan only</small> | <input type="checkbox"/> Enclosed | |
| 13 | Copy of a Residence Card <small>*Foreign applicants residing in Japan only</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 14 | Copy of a Passport <small>*Foreign applicants residing abroad only</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 15 | MEXT Scholarship Recipient Certificate <small>*MEXT student only</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 16 | Research Plan for Working Professionals <small>*Working Professionals only</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 17 | Official documentation proving the name change. <small>*Only for those whose name on the certificate differs from their current name due to marriage or other reasons.</small> | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not enclosed (not applicable) |
| 18 | Checklist (This sheet) | <input type="checkbox"/> Enclosed | |

※For documents marked with "※", if you have already submitted them during the Qualifying Review, re-submission is not required.