

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

## 受入れ承諾書 / Acceptance Letter from a prospective supervisor

受験番号 Examinee's No.	*
入学年月 Enrollment date	
入試区分 いずれかを選択 Exam type (choose one option)	<ul style="list-style-type: none"> <li>・ 1 年次入学(夏季日程) / First -Year Enrollment Summer Exam</li> <li>・ 1 年次入学(冬季日程) / First-Year Enrollment Winter Exam</li> <li>・ 3 年次編入学 / Third-Year Transfer Exam</li> </ul>
志願者氏名 Name	
住 所 Address	

\* 欄には記入しないでください。

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

上記入学試験に合格し、志願者の入学が許可された場合、指導教員として受入れることを承諾しました。

I hereby agree to supervise the above individual when they successfully pass the entrance examination.

志望指導教員名 Name of the prospective supervisor	署名又は印 Signature or Seal

.....

※志望指導教員の署名又は押印が必要です。

(志望指導教員からメール等により受領することは可能です)

※なお、志望指導教員とは、本研究科公式ホームページに掲載の「大学院生受入可能教員一覧」にある教員に限ります。

※出願書類として本紙の提出がない場合や、署名・押印がない場合は、出願できません。

\*The signature or seal of the prospective supervisor is required.

(You can obtain their signature/stamp electronically, for example, via email.)

\*The prospective supervisor must be a faculty member listed on the "List of FBS Labs Currently Accepting Graduate Students" on our official website.


\*Applications without this form or lacking a signature/seal will not be accepted.

大阪大学生命機能研究科  
Graduate School of Frontier Biosciences, The University of Osaka

## 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	/ /

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

# Examination Admission Card

Desired enrollment date:

Examinee s No.	*
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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.	*
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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.

5 6 5 — 0 8 7 1

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)

<b>Katakana Name</b>	
<b>Prospective supervisor</b>	

### 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	Letter of Acceptance from a prospective supervisor	<input type="checkbox"/> Enclosed	
3	Statement of Purpose	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed ※
4	Transcript	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed ※
5	Certificate of (expected) Graduation	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed ※
6	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)
7	Form for Oral Examination	<input type="checkbox"/> Enclosed	
8	Visual Aid Handout (six identical copies)	<input type="checkbox"/> Enclosed	
9	Certificate of English Proficiency	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed (exempted)
10	Proof of Entrance Examination Fee Payment	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed
11	Examination Admission Card Examination Photo Card	<input type="checkbox"/> Enclosed	
12	Shipping Label <small>*Residents in Japan only</small>	<input type="checkbox"/> Enclosed	
13	An Envelope with a Stamp Affixed <small>*Residents in Japan only</small>	<input type="checkbox"/> Enclosed	
14	Copy of a Residence Card <small>*Foreign applicants residing in Japan only</small>	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed (not applicable)
15	Copy of a Passport <small>*Foreign applicants residing abroad only</small>	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed (not applicable)
16	MEXT Scholarship Recipient Certificate <small>*MEXT student only</small>	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed (not applicable)
17	Research Plan for Working Professionals <small>*Working Professionals only</small>	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Not enclosed (not applicable)
18	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)
19	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.