

5year · 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 admission to 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

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

Application Eligibility	Name of University / Institution: _____	
	Department / Major: _____	
	Date of (expected) graduation (mm/dd/yyyy): ____ / ____ / ____	
<p style="color: red;">*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.</p>		
* 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: _____		
Applicant's Information	Nationality	
	Current Address	(〒 -) Phone Number: () - E-mail Address:
Application Date to AAD, Admissions Assistance Desk (mm/dd/yyyy):		____ / ____ / ____

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)

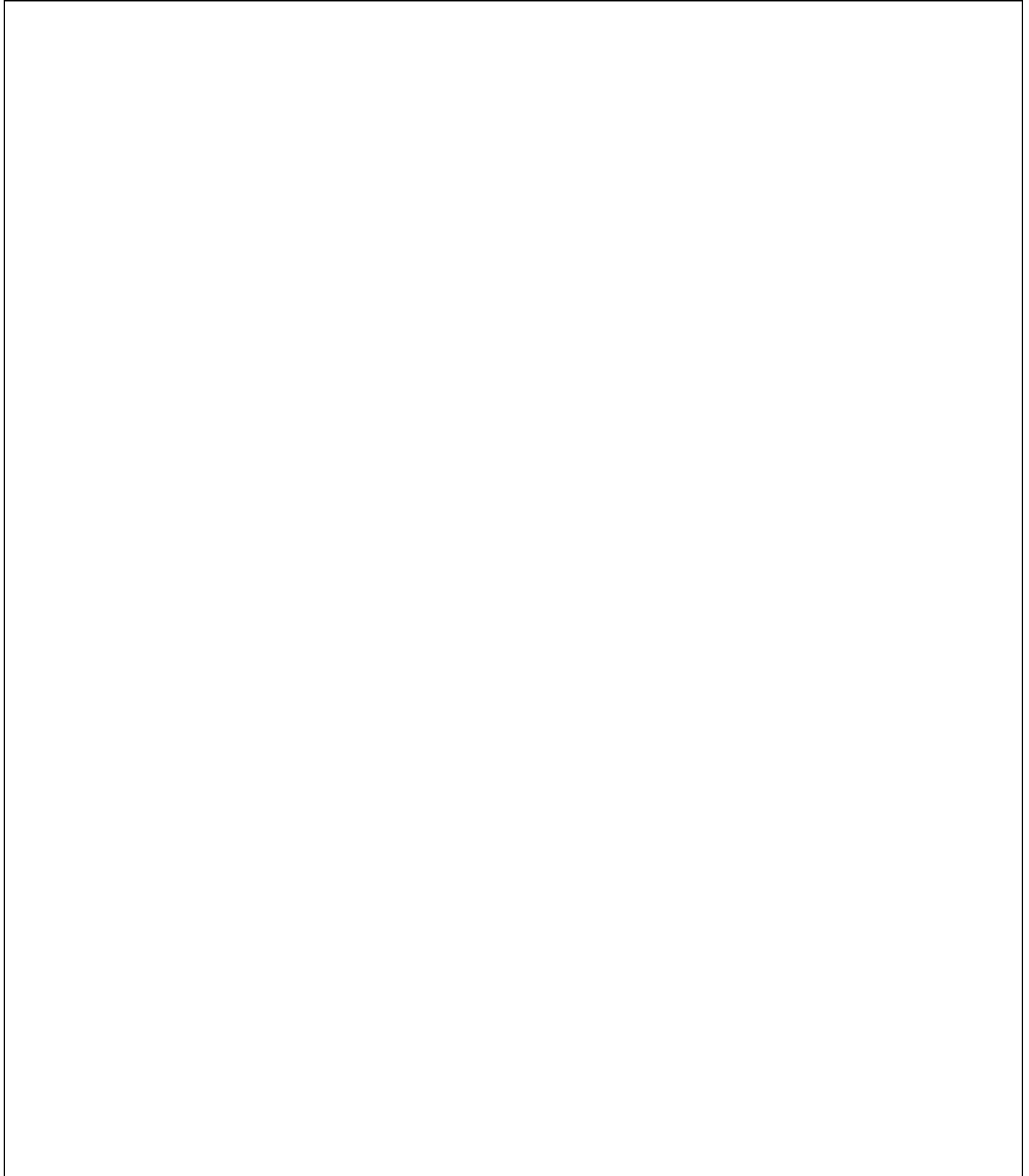
- After submitting the application, no changes to the application details will be permitted.
- Please fill in using block letters instead of cursive.
- Do not fill in the Examinee's Number.

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>

Oral Examination Form

*Examinee No _____ Full Name _____



* Please fill in within the designated frame.

* Do not fill in the examinee number.

* Attach four copies of an A4-sized sheet of paper (vertical/printed in black and white/with your name written in the upper right corner) of visual aids (charts, graphs, photographs, etc.) separately from this form.

* On the day of the exam, bringing in materials to the examination room, using electronic display devices (such as computers, tablets, etc.), and distributing materials to the examiners are not allowed.

5 year · October

Statement of purpose

Examinee Number	*
Full Name	

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

Please leave the columns () blank.

5 year · October

Supervisor Request Form

Examinee's Number	*
Full Name	

* Please leave the Examinee's Number blank.

This form is a survey to indicate your prospective supervisor (s) for reference in the assignment of research laboratories after enrollment. Please fill in the names of your prospective supervisor (s) up to your second choice below and submit it together with your application documents.

Please refer to the "Laboratories currently accepting graduate students at the Graduate School of Frontier Biosciences" section of the application guideline or our official website for information regarding faculty names, etc.

Please note that this survey will not affect the admission decision in any way.

First Preference:	
Second Preference:	

* Second Preference can be omitted if not applicable.

Important note:

- Before applying, applicants must contact and obtain consent from the prospective supervisor (limited to those listed in "Laboratories currently accepting graduate students at the Graduate School of Frontier Biosciences").
- Those who have graduated (or are expected to graduate) from a university outside of Japan **MUST** apply to the AAD (Admission Assistance Desk, see "4 (3) Important notes about application" for details) **BEFORE** contacting the prospective supervisor. Only those who have applied to AAD and received approval are permitted to directly contact their prospective supervisor to seek informal acceptance.

5 year · October

*Please submit only if you meet the application criteria (9) to (12)

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

Application for Qualifying Review

To the Dean of the Graduate School of Frontier Biosciences,

Full Name: _____

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

I wish to apply for admission to 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.

5 year · October

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 (9) to (12). Do not fill in the receipt/examination number.

5 year · October

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

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.

5year · October

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	※
------------------------------	---

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)

5year · October

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	※
------------------------------	---

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.

5 year · October

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.

<div data-bbox="229 577 564 636"><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <p data-bbox="245 658 341 680">Address</p> <p data-bbox="245 725 730 748">-----</p> <p data-bbox="245 815 730 837">-----</p> <p data-bbox="245 904 730 927">-----</p> <p data-bbox="245 949 316 972">Name</p> <p data-bbox="245 1016 686 1039">_____</p> <p data-bbox="229 1084 782 1128">Examinee's No _____</p>	<div data-bbox="815 577 1150 636"><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <p data-bbox="831 658 927 680">Address</p> <p data-bbox="831 725 1316 748">-----</p> <p data-bbox="831 815 1316 837">-----</p> <p data-bbox="831 904 1316 927">-----</p> <p data-bbox="831 949 901 972">Name</p> <p data-bbox="831 1016 1272 1039">_____</p> <p data-bbox="809 1084 1361 1128">Examinee's No _____</p>
<div data-bbox="229 1279 564 1337"><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <p data-bbox="245 1359 341 1382">Address</p> <p data-bbox="245 1471 730 1494">-----</p> <p data-bbox="245 1561 730 1583">-----</p> <p data-bbox="245 1650 730 1673">-----</p> <p data-bbox="245 1695 316 1718">Name</p> <p data-bbox="245 1807 686 1830">_____</p> <p data-bbox="229 1874 782 1919">Examinee's No _____</p>	<div data-bbox="815 1279 1150 1337"><input type="text"/><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <p data-bbox="831 1359 927 1382">Address</p> <p data-bbox="831 1471 1316 1494">-----</p> <p data-bbox="831 1561 1316 1583">-----</p> <p data-bbox="831 1650 1316 1673">-----</p> <p data-bbox="831 1695 901 1718">Name</p> <p data-bbox="831 1807 1272 1830">_____</p> <p data-bbox="809 1874 1361 1919">Examinee's No _____</p>

*Please leave the Examinee's Number blank.