April 2019 ENROLLMENT APPLICATION FOR ADMISSION

TOEFL etc.

☐ TOEFL

 \Box other (

受験番号 Examinee's Number ※ For graduate admission use only

)

OVERSEAS SPECIAL ADMISSION EXAMINATION FOR INTERNATIONAL STUDENTS OKAYAMA UNIVERSITY (DOCTOR'S COURSE)

岡山大学大学院環境生命科学研究科外国人留学生海外特別入試入学願書 Please type or write in Japanese or English in block letter day 日 申請年月日 Date of application 出願前3か月以内に上半身, 無帽,正面向きで撮影したものを貼り付けてください。 **ENGLISH** Paste your photograph taken Family Name/Surname First Name/Given name Middle Name within the past 3 months. Write your name and nationality in block letters on the back of the Please handwrite your full name above (氏名を自署してください。) 生年月日 Date of Birth 性別 Sex 国籍 Nationality photo. (Photo 4 × 3 cm) day 日(満 Age 歳) 男 · 女 19 Male Female 現住所 Current Address 電話 Fax Telephone number E-mail 志望先 Desired Division, Department, etc. \Hat{X} You must get Letter of Acceptance from your prospective supervisor before you send this application form. 志望専攻 Desired Division 志望講座 Desired Department 志望教育研究分野 Desired Research Areas 指導予定教員 教 授 准教授 Prospective Supervisor Associate Prof. 勤務先 Present employment 名称 Name of Organization 住所 出身大学院 Previous Graduate School or most recent educational background 国名 Country 学校名 Name of University or Institution 専攻 Division(Research field) 学位 ☐ Postgraduate Diploma of _ ☐ Master of Degree month 修了年度 □ 修了 Completed □ 修了見込み Expected to Complete Date of completion 英語能力 English Proficiency month 英語能力証明書 □ 添付 □ 後日送付 Certificate of English Proficiency is attached will be sent by

受験番	문	
文 网络 145	\neg	

CURRICULUM VITAE 履歴書

1	氏 名:	署名	
	(Name) (Family name) (First name)	(Middle name)	(Signature)
	₩Write your name by yourself in Block Letters		
2	性別: □男 (Male) □女 (Female)	3 国籍:	
	(Sex)	(Nationality)	
4	生年月日: 19 年 月	日 (満 歳)(2019年4月1	日現在)
	(Date of Birth) Year Month Da	ay Age (As of April 1, 2019)	
5	現住所 (Present mailing address)		
	住所:		<u> </u>
	(Address)		
	電話		
	(Telephone number)		
6	家族連絡先(Person to be notified in applicant's home country	ry, in case of emergency)	
	氏 名	続柄	_
	(Name)	(Relationship)	
	住 所		_
	(Address)		
	電 話		_
	(Telephone number)		
7	学歴(Educational Background)		

	Name and Address of School (学校名及び所在地)	Year and Month of Entrance and Completion (入学及び卒業年月)	Major Subject (専攻科目)	Diploma of Degree Awarded (学位・資格)
Higher Education (高等教育) Undergraduate Level (大学)	Name(学校名) Location(所在地)	From (入学) To (卒業)		
Higher Education (高等教育) Graduate Level (大学院)	Name(学校名) Location(所在地)	From (入学) To (卒業)		

^{*} In the case the blank spaces above are insufficient for information required, please attach an additional sheet to this form.

8 職壓(Employment Records)

Name and Address of Organization (勤務先及び所在地)	Period of Employment (勤務期間)	Position (役職名)	Type of work (職務内容)
	From		
	То		
	From		
	То		
	From		
	То		

⁽⁽注) 上欄に書ききれない場合には、適当に別紙に記入して添付してください。)

受験番号				
RESEARCH PLAN				
Name of applicant: _	,			_
	(Family name)	(First name)	(Middle name)	

受験番号 LETTER OF REC	COMMENDATION		<u>(Form 1)</u>
Name of applicant:	(Family name)	,(First name)	(Middle name)
The person named above is Course). We should appro	applying to Overseas Special Ad eciate it very much if you would		resident or Dean)), al Students of Okayama University (Doctor's on of the applicant's academic abilities and
To: President, Okayama Universit	ty		
Date:			
	Recomm Signature		
	Name:		

Please seal the envelope securely, and sign over the seal before returning it to applicant .The applicant will turn forward your recommendation to us with the application form. Thank you.

Present Address:

Position and Institution (or Company):

受験番号 LETTER OF RECOMME	ENDATION				(Form 2)
Name of applicant:				2.11.11	
(Family r	name)	(First name	e)	(Middle name)	
To the academic advisors of the applicant Please rate the applicant relative to other		eld in recent years.			
EVALUATION					
	50% Average	Top 20% Good	Top 10%	Top 5% Excellent	Top 2%
Academic abilities					
English proficiency					
We should appreciate it very much if you research, together with some comments of			on of the applicant's	academic abilities and	potential for
To: President, Okayama University					
Date:					
	Recommend	der			
	Signature:				
	Name:				
	Position and	l Institution:			

Please seal the envelope securely, and sign over the seal before returning it to applicant .The applicant will turn forward your recommendation to us with the application form. Thank you.

Present Address:

受験番号	

Letter of Acceptance by Prospective Supervisor

2019年4月入学 受入内諾書

氏 名		殿	
(Name in Block Letters)		<i>I</i> PQ	
岡山大学大学院環境生命科学研究 た場合,指導教員となることを内記		習学生海外特別入試に	こ合格し,入学をし
If you pass the Overseas Special agree to become your academic ac		nternational Studen	ts this time, I will
	_	年	月 日
指導予定教員 Prospective Supervisor	所 属		
1 Tospective Supervisor	Department of affiliation		
	氏 名		印
	Name		Seal

[※] 指導予定教員は、作成した受入内諾書を PDF ファイル等にして、志願者へファイルデータを送付してください。 受入内諾書の原本は、学務課大学院担当へ提出してください。