October 2019 ENROLLMENT APPLICATION FOR ADMISSION

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

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

岡山大学大学院自然科学研究科外国人留学生海外特別入試入学願書

Please type or 1	vrite in Japanese or Eng	glish in block lette	er –		
**	申請年月日 Date of application	ye 		day 日	
					写 真 出願前3か月以内に上半身,
ENCLISH					無帽,正面向きで撮影したものを貼り付けてください。
ENGLISH	Family Name/Surname	First Name/Given	name	Middle Name	Paste your photograph taken within the past 3 months. Write
	Please handwrite y				within the past 3 months. Write your name and nationality in
	生年月日 Date of Birth		国籍 Nationality	性別 Sex	block letters on the back of the photo.
					(Photo $4 \times 3 \text{ cm}$)
19	year month day 年 月 日	(満 歳)		男・女 Male Female	
現住所 Current Address				,	
電話 Telephone number			Fax		
E-mail					
志望先 Desired I	Division, Department, etc.				
	t Letter of Acceptance from	n your prospective	supervisor before y	ou send this applicat	tion form.
	専攻 Desired Division		Desired Department		究分野 Desired Research Areas
指導予定教員 Prospective Superviso	or			教 授 • Prof.	准教授 Associate Prof.
勤務先 Present o	employment				
名称 Name of Organization					
住所 Address					
出身大学院 Prev	ious Graduate School or m	ost recent education	nal background		
	国名 Country		of University or Institution	専攻	Division(Research field)
学位 Degree	☐ Master of		☐ Postgraduate I	Diploma of	
修了年度 Date of completion	year 年	month day 月日	□ 修了 Completed	』 □ 修了見込み』	Expected to Complete
英語能力 Englis	n Proficiency				
英語能力証明 Certificate of English F	明書		日送付 pe sent by	year month 年月	day 日
TOEFL etc.	☐ TOEFL	□ other ()

受験番号	
X W/X H /J	

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 月	<u>(満</u> 歳)(20	19年10月1日現在)
	(Date of Birth) Year Month Day	Age (As o	of October 1, 2019)
5	現住所 (Present mailing address)		
	住所:		
	(Address)		
	電話:		
	(Telephone number)		
6	家族連絡先(Person to be notified in applicant's home country	, 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	Period of Employment	Position	Type of work
(勤務先及び所在地)	(勤務期間)	(役職名)	(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。)

入学検定料支払証明書

Official entrance examination fee payment certificate

入学検定料の支払後にダウンロードできる書類を印刷し入学検定料支払証明書を点線に沿って切り取り, 以下へ貼付してください。

Please print documents that can be downloaded after payment of the entrance examination fee, cut the entrance examination fee payment certificate along the dotted line, and paste it to the following.

この部分に糊を付け 剥がれないように 貼り付けてください

Please paste the receipt in this section using glue so that the receipt does not become unfastened.

注:進学者と国費留学生(大使館推薦・大学推薦)は検定料が不要です。間違って振り込まないでください。

University / Embassy Recommended Japanese Government (Monbukagakusho) Scholarship Students do not need to pay the official entrance examination fee.

name or applicant: _	(Family name)	(First name)	(Middle name)	
	(Fairing name)	(i list haire)	(Michie Imile)	

受験番号

受験番号				
LETTER OF RECOMMENDA	ATION			<u>(Form 1)</u>
Name of applicant:				
(Family name)		(First name)	(1)	Middle name)
To the Recommender (the director of affiliated la The person named above is applying to Oversea Course). We should appreciate it very much is potential for research, together with some comm	ıs Special Admissio if you would let us	n Examination for Inter know your confidential	national Students of opinion of the app	Okayama University (Doctor's
To: President, Okayama University				
Date:				
	Recommender	r		
	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:					
(Family r	name)	(First nam	e)	(Middle name)	
To the academic advisors of the applicant Please rate the applicant relative to other		ield 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 To: President, Okayama University			neg me eppreeme		, politically o
Date:					
Date.					
	Recommen	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10月入学 受入内諾書

T 6		DП.	
氏名 (Name in Block Letters)		殿	
tvalle ili Biock Letters)			
岡山大学大学院自然科学研究科か 合,指導教員となることを内諾しま		上海外特別入試に合格 し	., 入学をした場
If you pass the Overseas Special A agree to become your academic ad		nternational Students	this time, I will
	_	年	月 日
1100/0-11/11/17	- 7 B		
指導予定教員 Prospective Supervisor	所属 Department of affiliation		
	Department of anniation		
	氏名		囙
	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。