

Osaka School of International Public Policy, Osaka University Doctoral Course (Enrollment in October 2023)

Application for Qualifying Review

Date of Application (YYYY/MM/DD) : _____ / _____ / _____.

To the Dean of Osaka School of International Public Policy, Osaka University

| | | | |
|-----------------|---------------|--------------|---|
| <i>Furigana</i> | | | |
| Name | (Family Name) | (First Name) | (Middle name) |
| Date of Birth | / / | (YYYY/MM/DD) | ※ <input type="checkbox"/> Male <input type="checkbox"/> Female |

I hereby submit my preliminary eligibility screening form along with other related documents for application qualification for admission to the Osaka School of International Public Policy Doctoral Course.

| | | | |
|---|----------------------------|--|--|
| Documents required for an application for qualifying review | ※ <input type="checkbox"/> | Application materials based on criterion (6) | <p>)</p> <p>(a) Certificate (documentation) of passing the qualifying review 1 copy The following information issued by the university from which the applicant graduated from, signed by the president or equivalent of the university, in accordance with the example below. [Example] “University Name” hereby recognizes that “Student Name,” a student of the university, has passed the “Title of Examination” and has obtained a master’s degree or equivalent. Please find enclosed the attachments related to the examination. [Example of Attachments] • Criteria for passing the examination • Documentation of the relation between passing the examination and the requirements needed to successfully earn a master’s degree at the university. • Documentation showing the consistency between the person who passed the examination or who holds a master's degree from another university that has transferred to the university and a doctoral degree-granting program at that university.</p> |
| | ※ <input type="checkbox"/> | Application materials based on criterion (7) | <p>(a) Application for qualifying review (this form) 1 copy (b) Curriculum vitae (use the form provided) 1 copy (c) Student registration certificate (*1) 1 copy (d) Record of research achievements 1 copy (e) Research topic certificate 1 copy (f) Certificate of completion from the last school attended 1 copy (g) Academic transcripts from the last school attended 1 copy (h) Recommendation letter from a research supervisor (*6) 1 copy</p> |
| | ※ <input type="checkbox"/> | Application materials based on criterion (8) | <p>(a) Application for qualifying review (this form) 1 copy (b) Curriculum vitae (use the form provided) 1 copy (c) Student registration certificate (*1) 1 copy (d) Record of research achievements 1 copy (e) Certificate of completion from the last school attended 1 copy (f) Academic transcripts of the last school attended 1 copy (g) Recommendation letter from a research supervisor (*6) 1 copy</p> |

- (*1) Student Registration Certificates are required for current students only.
- (*2) All the information, except “整理番号”, must be completed by the applicant.
- (*3) Please tick the appropriate box for the items marked with a ※ symbol.
- (*4) Please pay special attention to the contact information, as it will be the address for notification of results.
- (*5) Please be sure to fill out the name of your desired supervisor, not only your first choice, but also your second choice.
- (*6) A recommendation letter from a research supervisor is optional.

Please also complete the back side.

| | |
|-----------------|-------------------------------|
| 整理番号 (片面印刷用) | *Please leave this row blank. |
|-----------------|-------------------------------|

Application for Qualifying Review (Back Side)

| | | |
|---|--|--------------------|
| Nationality (日本国籍の者は都道府県名を記入してください。) | | |
| Research Title | | |
| Name of your desired supervisor | Your First Choice | Your Second Choice |
| Current address and contact information | (〒 -) | |
| | | Tel - - |
| | | Mobile phone - - |
| | E-mail | |
| Other address and information | (〒 -) | |
| (Please be sure to fill out) | <input type="checkbox"/> Parent's home <input type="checkbox"/> Workplace <input type="checkbox"/> Other () Tel - - | |

- (*1) Student Registration Certificates are required for current students only.
- (*2) All the information, except “整理番号”, must be completed by the applicant.
- (*3) Please tick the appropriate box for the items marked with a ※ symbol.
- (*4) Please pay special attention to the contact information, as it will be the address for notification of results.
- (*5) Please be sure to fill out the name your desired supervisor, not only your first choice, but also your second choice.
- (*6) A recommendation letter from a research supervisor is optional.

履 歴 書

Curriculum Vitae

Osaka School of International Public Policy Doctoral Course
大阪大学大学院国際公共政策研究科博士後期課程

| | | Name of School 学校名 | Country or Region of Location (所在国名) | Standard Period of Study [正規の修業年限] | 入学・卒業の年月 | |
|---------------------|---|-----------------------|---|---------------------------------------|-----------------------|------------------|
| 学 歴 | 初等教育 (小学校) | Elementary School | (国) [年] | | Enrollment 入学 | |
| | | | | | YYYY MM 年 月 | |
| | 中等教育 (中学校) | Junior High School | (国) [年] | | | Graduation 卒業 |
| | | | | | | YYYY MM 年 月 |
| | 中等教育 (高等学校) | High School | (国) [年] | | | 入学 |
| | | | | | | 年 月 |
| 高等教育 (大学) | University (Undergraduate Level) | (国) [年] | | | 卒業 | |
| | | | | | 年 月 | |
| 高等教育 (大学院) | University (Graduate Level) | (国) [年] | | | 入学 | |
| | | | | | 年 月 | |
| Total 計 [年] | | | | | | |
| 職 歴 ・ 研 究 歴 等 | 勤務先・研究機関等の名称/ Name of Employer (Institution) | | | [在籍年月/Period] | 従 事 期 間 | |
| | | | | [年 月] | 自/From 至/To | |
| | | | | [年 月] | 年 月 年 月 | |
| | | | | [年 月] | 自 至 年 月 年 月 | |
| | | | | [年 月] | 自 至 年 月 年 月 | |
| 取 得 し た 学 位 | 学 位 の 名 称/Name of Degree | | 取得年月日/Conferred Date | | 授 与 機 関 名/Institution | |
| | | | | | | |
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(注) 初等教育から高等教育まで日本で教育を受けた者は、学校の所在国名欄、初等教育(小学校)欄及び中等教育(中学校)欄を省略してもかまいません。