

整理番号	*Please leave this row blank.
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## Osaka School of International Public Policy, Osaka University Doctoral Course (Enrollment in April 2025)

### 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 <input type="checkbox"/> N/A	※ <input type="checkbox"/> Fall <input type="checkbox"/> Winter

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)	(a) Application for qualifying review (this form) <span style="float: right;">1 copy</span> (b) Certificate (documentation) of passing the qualifying review <span style="float: right;">1 copy</span> 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.
	※ <input type="checkbox"/>	Application materials based on criterion (7)	(a) Application for qualifying review (this form) <span style="float: right;">1 copy</span> (b) Curriculum vitae (use the form provided) <span style="float: right;">1 copy</span> (c) Student registration certificate (*1) <span style="float: right;">1 copy</span> (d) Record of research achievements <span style="float: right;">1 copy</span> (e) Research topic certificate <span style="float: right;">1 copy</span> (f) Certificate of completion from the last school attended <span style="float: right;">1 copy</span> (g) Academic transcripts from the last school attended <span style="float: right;">1 copy</span> (h) Recommendation letter from a research supervisor (*6) <span style="float: right;">1 copy</span>
	※ <input type="checkbox"/>	Application materials based on criterion (8)	(a) Application for qualifying review (this form) <span style="float: right;">1 copy</span> (b) Curriculum vitae (use the form provided) <span style="float: right;">1 copy</span> (c) Student registration certificate (*1) <span style="float: right;">1 copy</span> (d) Record of research achievements <span style="float: right;">1 copy</span> (e) Certificate of completion from the last school attended <span style="float: right;">1 copy</span> (f) Academic transcripts of the last school attended <span style="float: right;">1 copy</span> (g) Recommendation letter from a research supervisor (*6) <span style="float: right;">1 copy</span>

- (\*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 - -

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(\*3) Please tick the appropriate box for the items marked with a ※ symbol.

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(\*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.

