

整理番号	*Please leave this row blank.
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## Osaka School of International Public Policy, the University of Osaka Doctoral Course (Enrollment in April 2027)

### Application for Qualifying Review

Date of Application (YYYY/MM/DD) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

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

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

- (\*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

教育課程	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
	初等教育 (小学校) Elementary School		( 国 ) [ 年 ]	
中等教育 (中学校) Junior High School		( 国 ) [ 年 ]		入学 年 月 卒業 年 月
中等教育 (高等学校) High School		( 国 ) [ 年 ]		入学 年 月 卒業 年 月
高等教育 (大学) University (Undergraduate Level)		( 国 ) [ 年 ]		入学 年 月 卒業 年 月
高等教育 (大学院) University (Graduate Level)		( 国 ) [ 年 ]		入学 年 月 (Expected) Completion 修了 (見込み) 年 月
				年 月
		( 国 ) [ 年 ]		年 月
	Total 計 [ 年 ]			
研究 生 等 Non-degree student				入 学 年 月 終 了 年 月
				入 学 年 月 終 了 年 月
職 歴 ・ 研 究 歴 等 Job History ・ Research History	勤務先・研究機関等の名称/ Name of Employer (Institution)		[在籍年月/Period]	期 間
			[ 年 月 ]	自/From 年 月 至/To 年 月
			[ 年 月 ]	自 年 月 至 年 月
			[ 年 月 ]	自 年 月 至 年 月
			[ 年 月 ]	自 年 月 至 年 月
取 得 し た 学 位 Conferred Degree	学 位 の 名 称/Name of Degree		取 得 (見 込) 年 月 日 /Conferred Date	授 与 機 関 名 /Institution

(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。