Application Qualification Screening Record

(If possible, h	ere in Katakana)	Preferred Admission Date	☐ April 202 ☐ Septembe			reening)
Full Name		Department of choice				
Sex	Male / Female					
Date of birth	Year / Month / Day	Course of choice (Department of Core Informatics)				
Address	(Postal code –) Tel:	Desired Supervisor				
		c Background elementary education)				
	Name of school			Period of study (Year / Month) Standard number of years required for graduation		
			From To	/		years
			From To	/		years
		From To	/		years	
				/		years
				/		years
			From To	/		years
	(After graduati	ment History ng from high school)	ı			
	Name of Organization	Period of Employment (Year / Month)			Month)	
			From	/	То	/
			From	/	То	/
			From	/	То	/
			From	/	То	/
			From	/	То	/
			From	/	То	/
	Awards			Year /	Month	
	Licenses, Qualification Certificat	tes		Year /	Month	

Research History							
Title of publications	Authors	Name of publication (Journal, book, etc.)	Volume, Issue, Pages, Year or Date of publication				

Please attach the offprint or photocopy of your main research paper(s).

Please prepare the document using this form and submit its printout (one A4).

If you have no prior research experience and achievements, please enter "None."

Report of Academic Standing

Department of choice	(11 possiole, nere in Katakana)		
Course of choice (Department of Core Informatics)	Full Name		

Complete this form by writing a report in about 2,000 Japanese characters or 1,000 English words and submit its printout (one A4).

