

Entrance Examination for International Students Application for Admission to the Master's Degree Program

Applicant ID Number	※	Department of choice	
Preferred Admission Date *1	<input type="checkbox"/> April 2027 (_____ screening) <input type="checkbox"/> September, October 2026	Course of choice *4	(September, October 2026 Admission: Department of Core Informatics)
Examination Language *2	Written Examination <input type="checkbox"/> Japanese <input type="checkbox"/> English Oral Examination <input type="checkbox"/> Japanese <input type="checkbox"/> English	Desired Supervisor	
Exam format *3 <small>(Department of Core Informatics)</small>	<input type="checkbox"/> in person format (Nakamozu Campus) <input type="checkbox"/> online format (Zoom) <small>(Agree after carefully reading the precautions)</small>	Prior consultation *5	<input type="checkbox"/> I had applied to the professors associated with the department I would like to study before I submitted the application.

<small>(If possible, here in Katakana)</small>				<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Attach Photo Here</p> <p>(Frontal portrait with head uncovered taken within the past three months)</p> <p>(4 cm × 3 cm)</p> </div>
Full Name				
Full Name <small>(in own language, if applicable)</small>				
Date of birth	Year / Month / Day	Sex		
		Male / Female		
Nationality		Residence Status *6	<input type="checkbox"/> Yes () / <input type="checkbox"/> No	
Address *7	(Postal code —)			
	Tel: — —			
E-mail address				
Applicant Qualifications	University: _____			
	Faculty: _____			
	Department: _____			
	Year / Month / Day: _____ <input type="checkbox"/> Graduation / <input type="checkbox"/> Expected to graduate			
	Absence from studies	From	To	
	<input type="checkbox"/> Yes / <input type="checkbox"/> No	(Reason)		
Contact in Japan *8	Name			Relationship
	Tel			
Long-Term Study System *9	<input type="checkbox"/> Yes / <input type="checkbox"/> No			

【Notes】

- Please prepare the document using this form and submit its printout (A4).
- Do not fill in the ※ marked field.
- You may submit a printed color copy of the form with a clear photograph of your face digitally inserted into the form.

【Filled information】

- *1 Please mark with a check . For applicants for spring admission, please indicate the application period (**First** screening / **Second** screening).
- *2 Please mark with a check . Applicants for the Department of Core Informatics should select only the "Oral Examination" option. If no selection is made, Japanese will be selected by default.
You can only select the test language at the time of application. Changes will not be permitted once the application has been processed.
- *3 Applicants for the Department of Core Informatics should check .
- *4 Applicants for September, October 2026 Admission in Department of Core Informatics should indicate the course (**Intelligent Informatics** / **System Informatics**).
- *5 Before filing the application, check after consulting with the faculty member you would like to have as an advisor.
- *6 Please mark with a check the answer to the question: Do you have a visa to reside in Japan? Yes / No
If you check "Yes," please indicate the type of visa inside the parentheses.
- *7 If you wish to have the acceptance letter sent to an address other than your current address, please let us know.
- *8 Please enter a phone number other than your home phone number where we can contact you in case of emergency.
- *9 Please mark with a check . (If you are interested in this option, please contact the education affairs division before submitting your application.)

Resume

(If possible, here in Katakana)			
Full Name			
Academic Background (Starting with 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
	From /	To /	years
	From /	To /	years
	From /	To /	years
Employment History (After graduating from high school)			
Name of Organization	Period of Employment (Year / Month)		
	From /	To /	
	From /	To /	
	From /	To /	
	From /	To /	
	From /	To /	
	From /	To /	
Awards		Year / Month	
Licenses, Qualification Certificates		Year / Month	

Please prepare the document using this form and submit its printout (A4).
Not required for applicants who underwent Qualification Screening.

