GRADUATE SCHOOL of INTEGRATED FRONTIER SCIENCES

**Application Form for Admission**

INTERNATIONAL MASTER’S PROGRAM in AUTOMOTIVE SCIENCE

Year \_\_\_\_ Month \_\_\_ Day \_\_\_\_

INSTRUCTIONS

1. Application must be typewritten or handwritten in Roman block capitals.

2. Numbers should be in Arabic figures.

3. Proper nouns should be written in full, and not be abbreviated.

Desired academic degree:

□ Master of Philosophy in Automotive Science

□ Master of Automotive Science

□ Master of Engineering

**\* Examinee's number:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in Roman block capitals: | | | |
| Date of Birth (yyyy/mm/dd): Sex (F/M): | | | |
| Nationality: Native language: | | | |
| Score of TOEIC, TOEFL, etc.  (Examination Date) | TOEIC | ( ) | |
| TOEFL | ( ) | |
| The latest academic background | University |  | |
| Faculty |  | |
| Department |  | |
| * Graduated | | Year Month Day |
| * Will graduate | |  |
| Proposed supervisor’s name |  | | |
| Contact  Information | Full address:  Telephone:  Email: | | |

**Note:** Do not fill the space marked with **\***

Applicant’s Classification: □Fellow foreign student □Public/Government □Private

(1/3)

|  |  |  |
| --- | --- | --- |
| Educational Background  (from Elementary school to Higher Education) | | |
| Year and month of entrance (E) and completion (C) | | Name and location of the school |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |
| □(E)  □(C) |  |  |

(2/3)

|  |  |  |
| --- | --- | --- |
| Employment record  (starting from first to last) | | |
| Year and month of start (S) and finish (F) | | Name and location of the organization. Job position(s). |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |
| □(S)  □(F) |  |  |

(3/3)

**Name of Examinee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Research plan

1. **Motivation, reason, objective (300 to 500 words)**

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|  |

Use additional sheets if it is necessary

(1/4)

**Name of Examinee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Research plan

1. **Schedule (300 to 500 words)**

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Use additional sheets if it is necessary

(2/4)

**Name of Examinee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Research plan

1. **Future course of the plan, results (300 to 500 words)**

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Use additional sheets if it is necessary

(3/4)

**Name of Examinee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Research plan

1. **Major personal research achievements** (**thesis, publications, research, etc.) (300 to 500 words)**

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|  |

Use additional sheets if it is necessary

(4/4)

照 合 票

COLLATION CARD

|  |  |  |
| --- | --- | --- |
| The applying program.  International Master’s Program in:  University / Faculty / Department: | | **\*** **Examinee’s number** |
|  |
| Name in Roman block capitals: | | Passport-size photograph taken within the past 6 months.  (4cm x 3cm) |
| Date of Birth (yyyy/mm/dd): | Sex  ( F / M ) |

**Note:** Do not fill the space marked with **\*** Graduate School of Integrated Frontier Sciences

受 験 票

EXAMINATION CARD

|  |  |
| --- | --- |
| * **Examinee’s number** |  |
| Name in Roman block capitals: | Date of Birth (yyyy/mm/dd): |

**Note:** 1) Do not fill the space marked with ※ Graduate School of Integrated Frontier Sciences

2) Examinees without this card cannot enter the examination room.

(For applicants who intend to apply in accordance with qualifications (e) only)

Year \_\_\_\_ Month \_\_\_ Day \_\_\_\_

出願資格認定申請書

Application for Recognition of Academic Requirements

（International Master's Program in Automotive Science）

To Dean

Graduate School of Integrated Frontier Sciences

Kyushu University

Name in Roman block capitals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (yyyy/mm/dd):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For an individual evaluation of academic requirements as an applicant to the International Master’s Program of the Graduate School of Integrated Frontier Sciences.

International Master’s Program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for all of the related documents.

----------------- Please do not fill in as follows -----------------

|  |  |
| --- | --- |
| Academic Requirements | □ YES □ NO |
| Name of Chairperson: | |

「入学検定料・選考料　取扱明細書」貼付用台紙について

Form for submission of the Certificate of payment of Application fee.

コンビニエンスストアで支払いをした場合は，「入学検定料・選考料　取扱明細書」を下の枠内に貼付して出願書類と共に提出すること。

Those who paid through convenience stores should paste "the Application Fee Statement" within the table shown below, and submit it with other application documents.

クレジットカードで支払いをした場合は，プリントアウトした「受付完了画面」を貼付せずに出願書類と共に提出すること。（本紙も氏名・フリガナ・住所等を記入し，出願書類とともに提出すること。）

Those who paid by credit card, Union pay, or Alipay submit the printed " Result page," without being pasted on " the Application Fee Statement" This form should be filled with name and address, and submitted with other application documents

切り取り不要　本紙は出願書類と共に提出すること。

No need to cut off. This paper should be submitted with other application documents.

－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－－

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| --- | --- | --- |
| 「入学検定料・選考料　取扱明細書」貼付用台紙  Form for submission of the Certificate of payment of Application fee.  　九州大学大学院統合新領域学府オートモーティブサイエンス専攻  AUTOMOTIVE SCIENCE Graduate School of Integrated Frontier Sciences KYUSHU UNIVERSITY | | |
| Examinee’s number | ※ | Name in Roman block capitals |
| 住所等  Address | （〒　　-　　　　）  　　　　　　　　　　　　　　（TEL　　　　　－　　　　　　－　　　　　） | |
| 「入学検定料・選考料　取扱明細書」貼付欄  Attached ” the Application Fee Statement” | | |

※は大学にて記入する

※ This space will be fill in by the admission office.