

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
 KYOTO UNIVERSITY
 IEMP ENTRANCE EXAMINATION FOR MASTER'S PROGRAM
 IN JUNE 2022

Qualification status For administration use only. Yes / No
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ELIGIBILITY SCREENING APPLICATION FORM

1. DATE OF APPLICATION	_____ / _____ / _____ <small>Month Day Year</small>
2. NAME	<small>In KATAKANA*:</small> _____ / _____ / _____ <small>Family (In capital letters/In Kanji if applicable) First (Only initial capitalized/In Kanji if applicable)</small>
	_____ <small>Full name (Fill in exactly as appeared on your passport)</small>

3. DATE OF BIRTH / Gender	_____ / _____ / _____ Gender: () Male / () Female <small>Month Day Year</small>
4. NATIONALITY	_____
5. CONTACT DETAILS	
Current address	_____
Phone	_____
E-mail	_____ @ _____
6. STUDY AREA AND SUPERVISOR	
Study area	_____
Supervisor's name	_____
7. SCHOLARSHIP	
Name of scholarship program / sponsor	_____
Period of scholarship	From / 20 to / 20 (mo/yr)
Amount of scholarship	_____ /month
8. HONORS (if applicable) Awards and honors received to date and/or score ranking in your previous academic program	_____

*KATAKANA is one of the Japanese alphabets commonly used to express how to read foreign names in Japanese pronunciation.

9. EDUCATIONAL BACKGROUND

	Name of school/institution	Period: from – until (mo/yr)	Officially Required Years for Graduation
Elementary education		— (mo/yr) (mo/yr)	
Secondary education		— (mo/yr) (mo/yr)	
Higher education		— (mo/yr) (mo/yr)	
Undergraduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
(if applicable) Graduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
Expected date of completion of current educational program (if applicable)	<div style="text-align: center;"> _____ / _____ / _____ Month Day Year </div>		

10. EMPLOYMENT RECORD

Name of company/organization	Period: from – until (mo/yr)
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	—
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Applicant ID
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Photograph
(4.0 cm x 3.0 cm)

APPLICATION FORM

1. DATE OF APPLICATION	<div style="text-align: center; margin-bottom: 5px;"> _____ / _____ / _____ Month Day Year </div>
2. NAME	In KATAKANA*: _____ <hr style="border: 0; border-top: 1px dashed black; margin: 5px 0;"/> <div style="text-align: center; margin-bottom: 5px;"> _____ / _____ Family (In capital letters/In Kanji if applicable) First (Only initial capitalized/In Kanji if applicable) </div> <hr style="border: 0; border-top: 1px dashed black; margin: 5px 0;"/> Full name (Fill in exactly as appeared on your passport)
3. DATE OF BIRTH / GENDER	<div style="text-align: center; margin-bottom: 5px;"> _____ / _____ / _____ gender: () Male / () Female Month Day Year </div>
4. NATIONALITY	
5. CONTACT DETAILS	
Current or home address	
Phone	
E-mail	_____ @ _____
6. ENROLLMENT PERIOD	<input type="checkbox"/> October, 2022 <input type="checkbox"/> April, 2023 (<input type="checkbox"/> Apply for ADB-JSP)
7. STUDY AREA AND SUPERVISOR	
Study area	
Supervisor's name	
8. SCHOLARSHIP	
Name of scholarship program / sponsor	
Period of scholarship	From _____ / _____ to _____ / _____ (mo/yr)
Amount of scholarship	_____ /month
9. HONORS (if applicable) Awards and honors received to date and/or score ranking in your previous academic program	

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10. EDUCATIONAL BACKGROUND

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Secondary education		— (mo/yr) (mo/yr)	
Higher education		— (mo/yr) (mo/yr)	
Undergraduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
(if applicable) Graduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
Expected date of completion of current educational program (if applicable)	<div style="text-align: center;"> _____ / _____ / _____ Month Day Year </div>		

Kyoto University Student ID number: _____

*For applicants who are currently enrolled at, or enrolled in the past at Kyoto university

Admissions Assistance Office (AAO) ID number: _____

*Only for those who have graduated, or expect to graduate, from an overseas university

11. EMPLOYMENT RECORD

Name of company/organization	Period: from – until (mo/yr)
	—
	—
	—

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STATEMENT OF REASONS FOR APPLICATION

Name	
Title of your graduation thesis/ research area for undergraduate study	
Please give your reasons for applying for this master's program	

Describe your study plan for the master's program

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LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

Please fill in the upper portion of this page (your name, address and e-mail) and give it to the person who will be recommending you.

Name of applicant:

(Family)

(First)

Address:

E-mail address:

TO BE COMPLETED BY THE RECOMMENDING PARTY

Upon completion, please return this form to the applicant in a sealed envelope, signed across the envelope seal.

Familiarity with the applicant

- What is your relationship with the applicant? Teacher/Professor Other
- How long have you known the applicant? ____ years ____ months
- How often do you meet the applicant? Daily Weekly Monthly Rarely
- Please use the space below for further explanation of your interactions with the applicant.

- Please provide a description of the applicant’s qualifications for graduate study. In this regard, please include an assessment of how this applicant compares to others whom you have taught or supervised.

- Please comment on the applicant’s aptitudes and/or inadequacies and include any other remarks that you may feel are important and relevant to his/her graduate school study.

(If necessary, please write on a separate sheet and attach it to this form)

Appraisal

Please make an appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students in the same field whom you have known or taught.

	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to judge
Intellectual ability						
Analytical ability						
Ability in oral expression						
Ability in written expression						
Ability to work with others						
Persistence/ drive						
Originality/ creativity						

Overall Recommendations:

- Strongly recommend Recommend Recommend with reservations Do not recommend

Name of recommending party: _____

Position/Title: _____

Affiliation: _____

Address:

Telephone number: _____ Fax number:

E-mail address:

_____/_____/_____
Signature of recommending party


_____/_____/_____
Date (month/day/year)

(Form 4)

Address label <Name _____>

For applicants residing in Japan: Complete a form below using an address that will be applicable at the times indicated.

○ Concerning enrollment procedures

	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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