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

Qualification status
For administration use only.

Yes / No

ELIGIBILITY SCREENING APPLICATION FORM

	DATE OF		/	/				
P	APPLICATION	Month	Day	Year				
		In KATAKAN	A*:					
				/				/
2. N	NAME	Family	(In capital letters	s/In Kanji if applical	ble)	First (Only in	nitial capitalized/In Ka	anji if applicable)
		Full nar	ne (Fill in exactl	y as appeared on yo	ur passpo	rt)		
	DATE OF BIRTH		/	/		Gender: () Male / () Female
/	Gender	Month	Day	Year				
4. 1	NATIONALITY							
5. 0	CONTACT DETA	AILS						
	Current address	3						
	Phone							
	E-mail						<u>@</u>	
6. 8	I STUDY AREA A	ND SUP	ERVISOR					
	Study area							
	Supervisor's na	ame						
7. <u>S</u>	SCHOLARSHIP							
	Name of scholarship)						
r	orogram / sponsor							
Period of scholarship		p	Fron	n / 20)	to	/ 20	(mo/yr)
Amount of scholarship						/month		
	8.HONORS (if applicable)							
	wards and honors r							
	date and/or score in your previous aca							
	rogram							

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

9. EDUCATIONAL BACKGROUND

	Name of sch Country where th	ool/institution e school is locate	ed.	Period: from – until (mo/yr)	Officially Required Years for Graduation
(Example) Undergraduate Education (Faculty/department)	Kyoto university, Ja	Faculty of XXX pan	X	04/2021-03/2023 (mo/yr) – (mo/yr)	4
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)		Month	/ Day	/ Year	

10. EMPLOYMENT RECORD

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

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

Applicant ID
For administration use only.

Photograph (4.0 cm x 3.0 cm)

APPLICATION FORM

1 1	DATE OF					1		
	APPLICATION	Month	Day	/ Year				
		In KATAKAN		Teal		l.		
2. NAME			(In capital letters	/In Kanji if app	/ plicable)	First (O	ıly initial capitalized/In K	/ anji if applicable)
		Full nan	ne (Fill in exactly	y as appeared o	on your passpo	ort)		
3. DATE OF BIRTH / GENDER Month		/ Day	/ Year		gender: () Male / ()	Female	
4. 1	NATIONALITY	Worth	Day	Teal				
5. 0	CONTACT DETA	AILS						
	Current or hom address	e						
	Phone							
	E-mail						<u>@</u>	
6. ENROLLMENT PERIOD			☐ April, 2023 ☐ October, 2023 (☐ Apply for ADB-JSP)					
7. STUDY AREA AND SUP		ERVISOR			\ 11		,	
	Study area							
	Supervisor's na	ame						
8. 5	SCHOLARSHIP							
	Name of scholarship program / sponsor	p						
	Period of scholarshi	р	Fron	n /		to	/	(mo/yr)
Amount of scholarship		hip					/month	
to in	MONORS (if appliation and honors report and honors report and/or score in your previous acan rogram	received ranking						
10.	Examination fee		*Applio	cation wil	<u>□Pa</u> l not be c		☐ Will pay without payment	by the deadline.

^{*}KATAKANA is one of the Japanese alphabet expressing how to read the foreign names in Japanese pronunciation.

^{*}Print all forms on A4 white paper, single-sided.

(Form 1) Page 2

11. EDUCATIONAL BACKGROUND

	Name of sch	ool/institution	Period: from – until (mo/yr)	Officially Required Years for Graduation
(Example) Undergraduate Education (Faculty/department)		, Faculty of XXXX pan	04/2021-03/2023 (mo/yr)-— (mo/yr)	4
Elementary education				
Secondary education			— (mo/yr) (mo/yr)	
Higher education				
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)		/ Month Day	/ Year	

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

12. EMPLOYMENT RECORD

Name of company/organization	Period: from – until (mo/yr)
	<u> </u>
	_
	<u> </u>

^{*}Print all forms on A4 white paper, single-sided.

(Form 2) Page 1

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

Applicant ID
For administration use only.

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

(Form 2)	Page 2
Describe your study plan for the master's program	

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(Form 3)	Page
(Form 3)	Page

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

Applicant ID For administration use only.

LETTER OF RECOMMENDATION

Pleas		BY THE APPLICANT ortion of this page (your name, address and e-mail) and give it to the person who will be
Nam	e of applicant:	
(Fa	amily)	(First)
Addr	ress:	
E-ma	il address:	
		BY THE RECOMMENDING PARTY return this form to the applicant in a sealed envelope, signed across the envelope seal.
Fami	iliarity with the ap What is your relati	plicant onship with the applicant? □ Teacher/Professor □ Other
>	How long have you	a known the applicant? years months
>	How often do you	meet the applicant?
>	Please use the space	te below for further explanation of your interactions with the applicant.

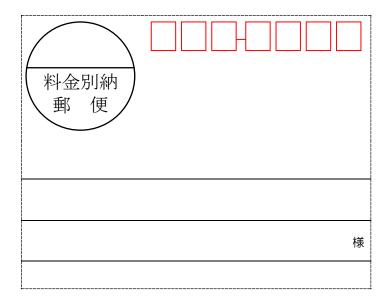
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rorm 3)						Page 2
Please provide a descripti an assessment of how this						
Please comment on the ap feel are important and rele				and include a	ny other ren	•
						(I
necessary, please write on a se	manata ahaat a	nd attach it t	a this farm)			
	parate sheet a	na attach it u	o unis form)			
ppraisal Please make an appraisal of th					te the applic	cant in compari
with other students in the same	e field whom	you have kno	own or taught	t.		
	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom	Unable to judge
Intellectual ability					Third)	
Analytical ability						
Ability in oral expression						
Ability in written expression Ability to work with others						
Persistence/ drive						
Originality/ creativity						
verall Recommendations: ☐ Strongly recommend ☐ Re						nended
ame of recommending party:_						
osition/Title:						
ffiliation:						
ddress:						
elephone number:	Fax nu	ımber:				
mail address:						
			,	,		
Signature of recommendi		ъ.	(month/day/y	/		

^{*}Print all forms on A4 white paper, single-sided.

Address label	/37	
Address label	< Name	

For applicants residing in Japan: Fill in the form below with the address where you will receive documents for enrollment procedure.



^{*}Print all forms on A4 white paper, single-sided.