

**Osaka University**

**International Certificate Program (OUICP)**

**Application Form　2020**

(This page is the cover of the application form in total 6 pages.)

Name of Applicant:

Home Institution:

Date (Day/Month/Year):

**All the following documents should be submitted to the local program coordinator at your home institution by the deadline. The documents have to be submitted in PDF.**

|  |
| --- |
| **Check List** (Check in the boxes provided.)１）　□　A completed OUICP Application Form 2020２）　□　The latest transcript of the applicant’s academic record３）　□　Copy of passport |

**Deadline: September 11, 2020**

Center for Global Initiatives and Department of International Affairs

Osaka University

**OUICP Application**

Paste your face photo data here, taken within the last 6 months

**Note:**

Please type or print.

* Please fill out in English with all non-English scripts (names, etc.) Romanized.
* Numbers should be Arabic numerals.
* Years should be written according to the Western calendar.
* Proper nouns should be written in full, no abbreviations.

**Section 1: Personal Details**

|  |  |
| --- | --- |
| 1. Name exactly as shown in your passport.

\*Names which cannot be divided into first and family names should be written on the Family Name line. |  |
|  |  |  |  |  |  |
| Family Name | First Name | Middle Name |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Nationality
 |  | 1. Gender
 | 1. Date of Birth
 |
|  |  | ☐ Male | ☐ Female |  |  |  |  |  |  |
|  |  |  |  Day |  Month |  Year |

1. Present mailing address in home country

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Address:　　　　　　　　　　　　　　　　　　　 | 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 | E-mail: |  |

 |
| Tel:  |

1. Person to be notified in case of emergency in home country

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Tel: |  |
| Contact Address: |  | E-mail: |  |

1. Home Institution

|  |  |  |  |
| --- | --- | --- | --- |
| University / Institution: |  |  |  |
| Faculty / School: |  |  |
| Department: |  |  |
| Major Field of your study: |  |  |
|  |  |  |  | ☐ 1st |
|  | ☐ Master☐ Doctor |  |  | ☐ 2nd ☐ 3rd |
| Course: | ☐ Other |   | Grade: | ☐ Other 　  |

1. Expected graduation / completion date at home institution / /

Day Month Year

1. Educational Background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Name and location of institution | Degrees earned | Entrance | Completion |
| Month | Year | Month | Year |
| University/College | Major:  |  |  |  |  |  |
| University/College | Major:  |  |  |  |  |  |

1. Job history (if applicable)

|  |
| --- |
|  |

**Section 2: Language**

1. Language Self Evaluation (Check the appropriate box.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Native Language | Excellent | Good | Fair | Poor |
| English | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Language Qualification

If you have a certificate of language, such as TOEFL, IELTS, specify the details below.

|  |  |
| --- | --- |
| (1) Name of the test: |  |
| (2) Date of the test: |  |
| (3) Score / Classification: |  |

**Section 3: Study at Osaka University**

1. **School/Graduate School**
	* Please mark the School/Graduate School of the professor/associate professor you have a permission if applicable.
	* Refer to the URL below, if you require further information on Osaka University faculties or schools.

[*https://www.osaka-u.ac.jp/en/academics*](https://www.osaka-u.ac.jp/en/academics)

|  |  |
| --- | --- |
| **School/Graduate School** | **Mark**  |
| **Science**  | ☐ |
| **Pharmaceutical Sciences** | ☐ |
| **Engineering** | ☐ |
| **Engineering Science** | ☐ |
| **Other school/institute( )** | ☐ |

1. **Program**

**Please mark one of the program you would like to get enrolled in.**

|  |  |
| --- | --- |
| **Program** | **Mark**  |
| **Advanced Industrial Biotechnology** | ☐ |
| **Halal Science, Technology and Innovation** | ☐ |
| **Nanoscience and Nanotechnology as Manufacturing Core** | ☐ |
| **Introduction to Computational Materials Design** | ☐ |
| **Frontier Engineering Science:** **An Introduction through STEM-Centered Learning** | ☐ |

1. **Laboratory, Field work or Internship (if applicable)**

**If you have already got a permission to be accepted by one of Osaka University’s professor/associate professors, please indicate his/her name. You cannot choose an assistant professor.**

Professor’s Name:

1. Planned Study Period in Japan (Check the appropriate box and/or fill in the blanks.)

|  |  |  |
| --- | --- | --- |
| Mark | Study Period in Japan | Stay Period in Japan (at least 60days) |
| ☐ | **Winter Term** **(December 2 – February 5)** | From: dd/mm/yyyy | To: dd/mm/yyyy 　  |
|
|
|
| ☐ | **Spring Term** **(April 9 – June 10)** | From: dd/mm/yyyy | To: dd/mm/yyyy 　  |
| ☐ | **Summer Term** **(June 11 – August 7)** | From: dd/mm/yyyy | To: dd/mm/yyyy 　  |

**Section 4: Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration****I hereby certify that my statements on this application are true and complete to the best of my knowledge, and I understand that any willfully false statement is sufficient for rejection of admission, or for dismissal from the Osaka University International Certificate Program. I also declare that I will respect the regulations of Osaka University if I am successfully admitted to the program.****I have contacted the supervisor of my home institution and he/she agreed my participation to the Osaka University International Certificate Program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Print Name of applicant:** |  |  |
| **Date:** |  | **Signature of applicant:** |  |  |

**I hereby certify that I recommend the applicant to study at Osaka University on the Osaka University International Certificate Program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Position:** |  |  |
| **Date:** |  | **Signature of Supervisor:** |  |  |

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OUICP STUDY PLAN

(Please type or print.)

|  |
| --- |
| Name in full:  |

|  |
| --- |
| Major/ Minor field of study at your university/ Institution:  |

|  |
| --- |
| (1) State major reasons for applying for OUICP and/ or describe your interest in the research area.  |
| (2) For the research area you have selected, make a list of up to 5 courses that you have completed so far at your home institution(s) that are relevant to the research area and demonstrate a familiarity with the field and/or topic. |
| (3) Describe your laboratory experience (e.g., student labs, individual research, etc.) at your home institution(s) if any.  |
| (4) Describe your research/ study plan in Japan as detailed as possible. |

**Financial Resources Confirmation Form**

**Name of Applicant:**

**Home Institution:**

1. Information on Financial Resources: Your main source of income to be used to support studies in the Osaka University International Certificate Program at Osaka University

|  |  |  |
| --- | --- | --- |
| ☐ Yourself (own savings): |  | yen / month  |
| ☐ From financial supporter: |  | yen / month  |
| ☐ Scholarship: |  | yen / month  |
| ☐ Others: |  | yen / month  |

1. Financial Supporter Information (If you checked “From financial supporter” in 1)

|  |  |  |  |
| --- | --- | --- | --- |
| a) Name: |  |  |  |
| b) Address: |  |  |  |
| c) Telephone No.: |  |
| d) Relationship with you |  |  |

1. Source of scholarship funding (If you checked “Scholarship” in 1)

|  |  |  |
| --- | --- | --- |
| Organization |  |  |

Date:

Signature: