Admission Application for the University of Aizu
Graduate School Research Student for Academic Year 2023

Applicant No.	*	Attach Photo Front upper body photo without background, taken within 3 months of the date of submission. (4cm × 3cm)
Name	seal / signature	
Date of Birth	(Year)　　　(Month)　　(Day)　　　Gender　Male・Female	
Current Address	(Postal Code) (Phone) (E-mail)	
Admissions Qualifications	・Completed / Expected to complete the master's program at _____ University on (Y/M/D) _____ / _____ / _____ ・Other	
Admission Period	1st　・　2nd　・　3rd　・　4th　　　Quarter	
Research Duration	To:　　　　　　　　　　　　/　　　　　　　　　(Year/Month)	
Research Subject		

Notes
1. Do not fill in the column marked with a "＊".
2. Attach a proof of payment of the application fee to the back of this form.

I consent to serve as the Research Advisor for the above-mentioned individual if the individual is admitted to the Graduate School as a research student.

Date (Y/M/D) _____

Prospective Research Advisor: Name _____

Signature or seal _____

<Proof of payment>

(Paste the document certifying payment of application fee here.)