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

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| Applicant No. | ＊ |  |  | Attach PhotoFront 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.

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| 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>

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