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.

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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.) |