2024年度会津大学研究生入学願書

Admission Application for the University of Aizu
Research Student for Academic Year 2024

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| 受付番号Applicant No. | ＊ |  | 写真 Photo正面上半身、背景なし、出願前３ヶ月以内に単身で撮影Front upper body photo without background, taken within 3 months of the date of submission.(4cm × 3cm) |
| フリガナ氏　　名Applicant's Name |  |
| 入学資格Admissions Qualifications | □ 学士 Bachelor's degree大学 / 機関名 Name of the university / institute 卒業(見込)年月日 (Expected) Date of graduation (Y/M/D) □ その他 Other  |
| 入学期Admission Period |  4月 ・ 10月 April ・ October |
| 研究期間Research Duration |  年 月までTo: (Year/Month) /  |
| 研究課題Research Subject |  |

注１　＊の欄は、記入しないこと。

注２　入学検定料の振込証明書は入学願書の裏に添付すること。

Note 1. Do not fill in the column marked with a "＊".

Note 2. Attach a proof of payment of the application fee to the back of this form.

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| 上記の者が研究生として入学許可された場合、指導教員を引き受けます。I consent to serve as the research advisor for the above-mentioned individual if the individual is admitted to the undergraduate school as a research student.年　月　日Date (Y/M/D) 　　　　　　予定指導教員　氏名Prospective Research Advisor: Name 署名または押印Signature or seal  |

＜入金を証明する書類 Proof of payment＞

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| （入学検定料の入金を証明できる書類を貼付してください）(Paste the document certifying payment of application fee here.) |