AIQDS

Graduate Schools of Information Sciences, Life Sciences, Economics and Management, Biomedical Engineering, Tohoku University

APPLICATION FOR ADMISSION

2022 October enrollment

Please type or neatly print in English. Check the appropriate boxes.

| Applicant's r | egistration | number | (for office use |) | | | | | | |
|--|-------------|---|--|---------|-----------------|-----|--------------------|--------------|-----|--|
| ☐Master's and Doctor's course ☐Doctor's course | | | | | | | | ID Photo | | |
| Name in English In Chinese | | | 4×3cm (1.6"×1.2") Write your name on the back | | | | | | | |
| Characters (if applicable) | | | | | | | | | | |
| Date of | Yea | ır | Month Day | | | | | | | |
| birth | | • | | | | : | Nationality | | | |
| Age (as of April 1, 202 | | 22) | | | | | | | | |
| | Gende | er | | | | | Male | Female | | |
| Present status (with name of university or employer) | | | | | | | | | | |
| Present ma | | | | | | | | | | |
| address | | Phone number <u></u> Fax number <u></u> | | | | | | _ | | |
| | | E-mail address <u></u> | | | | | | | | |
| Permanent address (if different from above) | | | | | | | | | | |
| | | Phone | number <u></u> | | | | Fax number <u></u> | | | |
| Prospective la | boratory | | | | | | ••• | | | |
| Prospective Supervisor | | | | | | | | | | |
| | | the ME | XT (Japanes | se Gov | vernment) schol | ars | ship? | ☐Yes | □No | |
| If Yes, [Progra [Host instituti [Term] <u>From</u> | on] | to | o/ | <u></u> | (year/month) | | | | | |
| Do you intend to enter AIQDS even if you are NOT awarded the MEXT scholarship | | | | | | | Yes | □No | | |
| Are you apply | □Yes | □No | | | | | | | | |
| If YES, provide some information of the scholarship. (Name, sponsor, duration, etc.) | | | | | | | | | | |
| Are you applying for any other graduate schools? | | | | | | | | Yes | □No | |
| List institutions, programs, or positions you are currently applying for | | | | | | | | | | |

$\begin{array}{c} {\rm APPLICATION\;FOR\;ADMISSION} \\ {\rm AIQDS\;2022} \end{array}$

| Academic record | | | | | | | | | | |
|---------------------------|---|---------------|--------------|--------------------------------|------------------------|----------------------------------|-------------|--|--|--|
| | Nar | ne of institu | ıtion | Official number of years | Entra Grae (year | Registered number of years | | | | |
| Elementary | | | | | From | ı to | | | | |
| Lower Second | dary | | | | From | | | | | |
| Upper Second | dary | | | | From | ı to | | | | |
| Undergraduate | | | | | From | | | | | |
| Graduate | | | | | From | | | | | |
| | | | | | From | ı to | | | | |
| Total yea | rs of academic | education | Ĺ | | | | | | | |
| | | | Research a | ctivities red | cord | | | | | |
| Name of institution | | | Positio | n | from (y | Number of years | | | | |
| | | | | | From | | | | | |
| | | | | | From | | | | | |
| | | | | | From | | | | | |
| | | · | Care | er record | | | | | | |
| Name of Office | | | Positio | n | from (y | Number of years | | | | |
| | | | | | From | | | | | |
| | | | | | From | •••• | | | | |
| | | | | | From | •••• | | | | |
| Name F | Family name | | | | | | | | | |
| | First name | | | | | | | | | |
| | Middle name | | | | | | | | | |
| | Type or r | name | Acqu | ired date | Name of institution | | | | | |
| Degree | | | | | | | | | | |
| Have you | ever visited Japar | ı? | Yes | □No | <u> </u> | | | | | |
| | oe the term Stay (e.g. Sightse | eing, Exchar | nge programs | , etc.)] | | | | | | |
| What is you | r primary (first) la | nguage? | | | | | | | | |
| | ertify that the info nd that the falsifi | | | | _ | | ion denial. | | | |
| Signatur | e: | | | | Date(year/m | nonth/day): | | | | |
| 安全保障輸出管理 (for office use) | | | | | | | | | | |
| | | | | | 承認済み(デ 手続不要 その他 | 承認日: | 月 日) | | | |
| | | | | | (確認事務担当者氏名:) | | | | | |