

Data Sciences Program (DSP) II

Form A (1/2)

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

Tohoku University

APPLICATION FOR ADMISSION

DSPII2020

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

Applicant's registration number (for office use)					ID Photo 4×3cm (1.6"×1.2") Write your name on the back
<input type="checkbox"/> Master's and Doctor's course		<input type="checkbox"/> Doctor's course			
Name in English	.....			
In Chinese Characters (if applicable)	.....			
Date of birth	Year	Month	Day	Nationality	.....
		
Age (as of April 1, 2020)		.....		
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Present status <small>(with name of university or employer)</small>		.....		
Present mailing address	.....			
	Phone number			Fax number	
	E-mail address				
Permanent address <small>(if different from above)</small>	.....			
	Phone number			Fax number	
Prospective laboratory	.....			
Prospective Supervisor	.....			
Have you ever received the MEXT (Japanese Government) scholarship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, [Program] [Host institution] [Term] From/ to/ (year/month)					
Do you intend to enter DSPII even if you are NOT awarded the MEXT scholarship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for, or going to receive, any other scholarships?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide some information of the scholarship. (Name, sponsor, duration, etc.)					
Are you applying for any other graduate schools?					<input type="checkbox"/> Yes <input type="checkbox"/> No
List institutions, programs, or positions you are currently applying for.					

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Academic record				
	Name of institution	Official number of years	Entrance and Graduation (year/month)	Registered number of years
Elementary	.....	.....	From to ....	.....
Lower Secondary	.....	.....	From to ....	.....
Upper Secondary	.....	.....	From to ....	.....
Undergraduate	.....	.....	From to ....	.....
Graduate	.....	.....	From to ....	.....
	.....	.....	From to ....	.....
Total years of academic education		.....	
Research activities record				
Name of institution	Position	from (year/month) to	Number of years	
.....	.....	From to ....	.....
.....	.....	From to ....	.....
.....	.....	From to ....	.....
Career record				
Name of Office	Position	from (year/month) to	Number of years	
.....	.....	From to ....	.....
.....	.....	From to ....	.....
.....	.....	From to ....	.....
Name	Family name			
	First name			
	Middle name			
Degree	Type or name	Acquired date	Name of institution	
	
Have you ever visited Japan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, describe the term..... [Purpose of Stay (e.g. Sightseeing, Exchange programs, etc.)]				
What is your primary (first) language?				
I hereby certify that the information on this application form is true and complete. I understand that the falsification in any of the information on the form may result in admission denial.				
Signature: _____			Date(year/month/day): _____	

安全保障輸出管理 (for office use)

- 承認済み (承認日: 月 日)
 手続不要
 その他
 (確認事務担当者氏名:)