

Application Form for Admission to Doctoral Program
 Graduate School of Software and Information Science, Iwate Prefectural University

| | | | |
|---|---|--|---|
| | | Examinee Number | * |
| 0 | 6 | Doctoral Program Graduate School of Software and Information Science | Application Category 3 International student |
| | | Desired Enrollment Period <input type="checkbox"/> October 2019 <input type="checkbox"/> April 2020 <input type="checkbox"/> October 2020 | |

| | | | | |
|-----------------------------|--|---------------|-------|-----------|
| Applicant's Name | Family Name | Given Name | | |
| Gender | Gender | Date of Birth | | |
| Date of Birth | <input type="checkbox"/> 1: Male <input type="checkbox"/> 2: Female | Year | Month | Day |
| Nationality | | | | 2 Foreign |
| Present Residential Address | (Postal code) | | | |
| E-mail | | | | |

| | | | | | | |
|-------------------------|--|--|---------------------------|------|-----------------|--|
| Application eligibility | School Name | School Code | | | School Category | <input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private |
| | (The school that meets the application eligibility stipulations) | | | | | <input type="checkbox"/> Graduate School of University <input type="checkbox"/> University <input type="checkbox"/> Two-year college <input type="checkbox"/> Technical college <input type="checkbox"/> Special vocational school <input type="checkbox"/> Other |
| | Faculty / Department, Major Field, etc. | | | | | |
| | School Location | | | | | |
| | Graduation or Expected Graduation | <input type="checkbox"/> 1: Expected to graduate (or complete) <input type="checkbox"/> 2: Graduated (or completed) | Year/ Month of Graduation | Year | | Month |

Note 1) Please leave the space marked with an asterisk (*) blank for official use.

Note 2) For "Desired Enrollment Period" and "School Category", please mark your choice with ✓ in the appropriate boxes. For other boxes, insert applicable numbers.

*



Note: Please leave here blank.

Sheet for Attaching Certificate of Payment for Application Fee [*Haraikomi Uketsuke Shomeisho*]

(Instructions)

- **This sheet is not necessary for remittance from outside of Japan. For remittance from outside of Japan, please see “How to Pay Application Fee” in the Application Guidelines.**
- Please fill in the necessary items on the Bank Transfer Request Form (*Furikomi Iraisho*) provided by the University and pay 30,000 yen **at the bank counter.**
- **Payment via ATM is not accepted.**
- After payment, please confirm that the **Certificate of Payment (*Haraikomi Uketsuke Shomeisho*) (customer copy)** you received from the bank has been date-stamped, and paste it onto the designated space below.
- Please be aware that the **Payment Receipt (*Furikomi-kin Ryosyusho*)** should be retained by you. Do not paste it here.

Please securely paste the Certificate
of Payment (*Haraikomi Uketsuke
Shomeisho*) here.

Examinee Number *

| | | | |
|----------------------|---|-------|--|
| Application Category | 3. International Student | | |
| | <input type="checkbox"/> October2019 Enrollment <input type="checkbox"/> April 2020 Enrollment <input type="checkbox"/> October 2020 Enrollment | | |
| | Applicant's Name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Photo</p> <p style="text-align: center;">< Instructions ></p> <p>Upper half of body, hatless, facing forward</p> <p>Taken within the last 3 months</p> <p>4 x 3 cm (height x width)</p> </div> |
| Date of Birth | Year | Month | |
| Date of Birth | | | |
| * | | | |

- Note:
1. Please be sure to bring this card with you on the examination day.
 2. This card is required when you request disclosure of your examination results. Please keep it in a safe place.
 3. Please leave the spaces marked with an asterisk (*) blank for official use.
 4. Please mark your choice with ✓ in the appropriate boxes.

Examinee Number *

| | | | |
|----------------------|---|-------|--|
| Application Category | 3. International Student | | |
| | <input type="checkbox"/> October2019 Enrollment <input type="checkbox"/> April 2020 Enrollment <input type="checkbox"/> October 2020 Enrollment | | |
| | Applicant's Name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Photo</p> <p style="text-align: center;">< Instructions ></p> <p>Upper half of body, hatless, facing forward</p> <p>Taken within the last 3 months</p> <p>4 x 3 cm (height x width)</p> </div> |
| Date of Birth | Year | Month | |
| Date of Birth | | | |
| * | | | |

- Note:
1. Please leave the spaces marked with an asterisk (*) blank for official use.
 2. Please mark your choice with ✓ in the appropriate boxes.

Examinee Number *

| | | | |
|----------------------|---|-------|--|
| Application Category | 3. International Student | | |
| | <input type="checkbox"/> October2019 Enrollment <input type="checkbox"/> April 2020 Enrollment <input type="checkbox"/> October 2020 Enrollment | | |
| | Applicant's Name | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Photo</p> <p style="text-align: center;">< Instructions ></p> <p>Upper half of body, hatless, facing forward</p> <p>Taken within the last 3 months</p> <p>4 x 3 cm (height x width)</p> </div> |
| Date of Birth | Year | Month | |
| Date of Birth | | | |
| * | | | |

- Note:
1. Please leave the spaces marked with an asterisk (*) blank for official use.
 2. Please mark your choice with ✓ in the appropriate boxes.

Address Labels (for mailing a Notification of Acceptance, etc.)
 Graduate School of Iwate Prefectural University

These address labels are used for sending documents (including a Notification of Acceptance and documents for admission procedure) from the University. Please write your name, address (where you can receive the Notification of Acceptance), and postal code correctly. Please be sure to send this form along with the Application Form for Admission.

Note: Please write the same address on each of the three labels below.

| | | | |
|---|---|-----------------|---|
| Address to which Notification of Acceptance etc. should be sent | (Postal code) 〒 — | Examinee number | * |
| | | | |
| | | | |
| Attn: | | | |
| Desired Graduate School | Doctoral Program, Graduate School of Software and Information Science | | |

| | | | |
|---|---|-----------------|---|
| Address to which Notification of Acceptance etc. should be sent | (Postal code) 〒 — | Examinee number | * |
| | | | |
| | | | |
| Attn: | | | |
| Desired Graduate School | Doctoral Program, Graduate School of Software and Information Science | | |

| | | | |
|---|---|-----------------|---|
| Address to which Notification of Acceptance etc. should be sent | (Postal code) 〒 — | Examinee number | * |
| | | | |
| | | | |
| Attn: | | | |
| Desired Graduate School | Doctoral Program, Graduate School of Software and Information Science | | |

Note: Please leave the spaces marked with an asterisk (*) blank for official use.

| | | | |
|--------------------|---|---------------------|---|
| Examinee Number | * | Reference Number | * |
|--------------------|---|---------------------|---|

Curriculum Vitae

| | | | |
|---|--------------|-------------|-------|
| Present Address | | | |
| Applicant's Name | | | |
| Date of Birth | (Year) | (Month) | (Day) |
| Educational Background (starting from elementary school) | Year / Month | Description | |
| | | | |
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| Employment Record | -- | | |
| | -- | | |
| | -- | | |
| | -- | | |
| | -- | | |
| Awards/Honors received/ Disciplinary actions applied | | | |

I hereby certify that all of the information provided in this form is true and correct.

(Date) Year Month Day
 / / /

Signature _____

- Notes:
- Please leave the spaces marked with asterisk (*) blank for official use.
 - In the "Educational Background" section, please list all the schools you have attended and the year and month of admission and graduation. If you have skipped any school years or levels, please write the number of skipped periods in the relevant school column.
 (Example) Year Month: Enrolled at △△ Elementary School
 Year Month: Graduated from △△ Elementary School (skipped one year)
 - If you have any experience as a research student at a university etc., please enter the period.
 - In the "Employment Record" section, please specify the name of your employer(s) and your job title(s).
 - If you cannot write down your complete educational background and employment record, please fill out and submit the optional form.

Research Plan

Doctor's Program, Graduate School of Software and Information Science, Iwate Prefectural University

| | | | | | |
|--|--|-------------------------------------|--|--|---------------------|
| Applicant's Name | | Examinee Number | * | Reference Number | * |
| Prospective Supervisor's Name | | Desired Education and Research Area | <input type="checkbox"/> Fundamental Information Systems <input type="checkbox"/> Knowledge and Media Systems | | |
| Prospective Research Theme | | | | | |
| Details of Pre-application Consultation | | | Appended Communication Record Pertaining to the Pre-application Consultation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <u>Prospective Supervisor's Signature (if available):</u> | | | | | Seal (if available) |
| Write down the details of the supervision/acceptance system and the pre-application consultation. | | | | | |
| 1. Research Content (Write down also the previous research themes, details, and accomplishments relevant to your proposed research, if any.) | | | | | |

Note:

1. Please leave the spaces marked with an asterisk (*) blank for official use.
2. Please mark your choice with in the appropriate boxes.
3. If you are not able to obtain a seal or a signature from your prospective supervisor, you may append communication records (e.g., photocopies of fax transmissions, hard copies of e-mail messages, and the like) that verify the pre-application consultation.

(1. Research Content Cont.)

2. Research Plan and Future Goals (Write down your research plan in details, as well as your goals for the future.)

Cut here

速達

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

(Address to which the Examination Admission Card should be sent)

(Name of Applicant)

If you are a resident of Japan, please attach postage stamps equivalent to 362yen.

Form I

(Examination Admission Card)

[Doctoral Program, Graduate School of Software and Information Science, Iwate Prefectural University]

152-52, Sugo, Takizawa, Iwate 020-0693, JAPAN

Iwate Prefectural University

Entrance Examination Group, Education and Research Support Division
TEL: 019-694-2014

International Student

Cut here

Cut here

Cut here

| | |
|------------------|---|
| Reference Number | * |
|------------------|---|

Request Form for Application Eligibility Screening

To the President of Iwate Prefectural University

I would like to apply to the Doctoral Program of the Graduate School of Software and Information Science, Iwate Prefectural University.

I am therefore submitting the prescribed documents and request that my eligibility to apply be assessed.

| | | | |
|---|--|-------------|--|
| Applicant's Name | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth | Year Month Day / / | Nationality | |
| Desired Education and Research Area | <input type="checkbox"/> Fundamental Information Systems <input type="checkbox"/> Knowledge and Media Systems | | |
| Prospective Supervisor's Name | | | |
| Present Residential Address and E-mail Address (Please write the residential address in Japanese if you reside in Japan) | Postal code: E-mail: | | |

Notes:

1. Please leave the space marked with an asterisk (*) blank for official.
2. Please mark your choice with in the appropriate boxes.

I hereby declare that all information I have provided is true and correct, and the documents I have submitted contain no forgeries.

Date: / /
 (Year) (Month) (Day)

Signature: _____

振込金領収証

Payment Receipt

| | | | |
|--------------|----------------------------|-------|-----|
| Date: | 年 | 月 | 日 |
| | Year | Month | Day |
| 金額 | ¥30,000 | | |
| 振込先銀行 | 岩手銀行 県庁支店 | | |
| 受取人 | 公立大学法人 岩手県立大学 理事長 遠藤 達雄 | | |
| お振込人 Name | 様 | | |
| 備考 | | | |

上記のとおり振込金として領収いたしました。

銀行

店

(お払込人渡)

払込受付証明書(お客さま用)

Certificate of Payment
(払込人→銀行→払込人)

| | | | |
|-------------|--|----------------------------|--------------|
| Date: | 年 | 月 | 日 |
| | Year | Month | Day |
| 金額 | ¥30,000 | | |
| 払込先銀行 | 岩手銀行 県庁支店 | | |
| 受取人 | なまえ | 公立大学法人 岩手県立大学 理事長 遠藤 達雄 | |
| | 預金種目 | 普通預金 | 口座番号 2000920 |
| お振込人 | おところ Address | | |
| | おなまえ Name | 様 | |
| 志望研究科 課程 | ソフトウェア情報学研究科博士後期課程 Doctoral Program, Graduate School of Software and Information Science | | |

この受付証明書は、出願書類に貼付し、所定期間内に必ず本学あてに送付してください。
金融機関受付印のないものは、受付証明書として使用できません。

Please paste this onto the Sheet for Attaching Certificate of Payment for Application Fee [Haraikomi Uketsuke Shomeisho].
The Certificate of Payment without date-stamp of the bank is not accepted.

岩手県立大学

備考

振込依頼書

(入金伝票)

| | |
|------|--|
| 勘定科目 | |
|------|--|

○ 各票の太枠内をそれぞれ記入下さい。

| | | | |
|-------|-----------------------------|---|--------------|
| Date: | 年 | 月 | 日 |
| | Year | Month | Day |
| 払込先銀行 | 岩手銀行 県庁支店 | | |
| 受取人 | なまえ | 公立大学法人 岩手県立大学 理事長 遠藤 達雄 | |
| | 預金種目 | 普通預金 | 口座番号 2000920 |
| お振込人 | おところ Address & Telephone | 電話() - | |
| | ふりがな | | |
| お振込人 | おなまえ Name | 様 | |
| 備考 | 支払期限 | 令和元年10月入学・ 第1次募集: 令和元年6月27日 第2次募集: 令和2年1月22日 | |
| | Deadline of Payment | Entrance Examination in July 2019: June 27, 2018 Entrance Examination in February 2020: January 22, 2020 | |
| | | | |

(保存期間10年)

(電信扱)

| | | | | | |
|--|-----|---|---|---|----|
| 金額 | | | | | 円 |
| | 3 | 0 | 0 | 0 | 0 |
| 内訳 | 現金 | | | | 円 |
| | 当店券 | | | | 円 |
| | 他店券 | | | | 円 |
| | | | | | 円 |
| <div style="border: 1px dashed black; width: 100%; height: 100%;"></div> | | | | | 検印 |
| | | | | | 係印 |
| 手数料 | | | | | |

(振込店保管)