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

					Number	4		
				Application			Desired Enr	ollment Period
0	6		Program School of Software and on Science	3 Internati	ional stude	ent	☐ October ☐ April 202 ☐ October	22
						-		
	cant's me	Family Na	ame		Given Nai	me		
Date o	nder f Birth nality		der : Male : Female	Date of	f Birth Month		Day	Nationality  2 Foreign
Resid	sent lential lress	(Postal code						
E	-mail							
Application eligibility	(The s meets the elig	ol Name chool that e application gibility ulations)	* School Code			School Category	<ul><li>☐ University</li><li>☐ Two-year</li><li>☐ Technical</li></ul>	college
cation		Department, Field, etc.						
Applic	School	Location						
7	Gradua or Exp Gradua	ected	1: Expected to grad 2: Graduated (or co	•	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.

#### Form B Graduate School of Software and Information Science, Iwate Prefectural University Examinee Number 3. International Student ☐ October2021 Enrollment Application Photo Category ☐ April 2022 Enrollment < Instructions > ☐ October 2022 Enrollment Upper half of body, hatless, facing forward Applicant's Taken within the last 3 months Name 4 x 3 cm (height x width) Gender ☐ Female ☐ Male Year Month Day 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 $\checkmark$ in the appropriate boxes. Photo Card for Doctoral Program Form C Graduate School of Software and Information Science, Iwate Prefectural University Examinee Number 3. International Student ☐ October2021 Enrollment Application Photo Category ☐ April 2022 Enrollment < Instructions > ☐ October 2022 Enrollment Upper half of body, hatless, facing forward Applicant's Taken within the last 3 months Name 4 x 3 cm (height x width) Gender ☐ Male ☐ Female Year Month Day Date of Birth 1. Please leave the spaces marked with an asterisk (\*) blank for official use. 2. Please mark your choice with in the appropriate boxes. Photo Card for Doctoral Program Form C Graduate School of Software and Information Science, Iwate Prefectural University Examinee Number 3. International Student ☐ October2021 Enrollment Application Photo Category ☐ April 2022 Enrollment < Instructions > ☐ October 2022 Enrollment Upper half of body, hatless, facing forward Applicant's Taken within the last 3 months Name 4 x 3 cm (height x width) Gender ☐ Male ☐ Female Year Month Day Date of Birth

**Examination Admission Card for Doctoral Program** 

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.

	(Postal code) $\overline{}$	Examinee number	*					
Address to which Notification of Acceptance etc. should be sent								
Desired Graduate School	Attn:	ool of Softwa	ara and Information Science					
Desired Graduate School Doctoral Program, Graduate School of Software and Information Science								
	(Postal code) $\overline{}$	Examinee number	*					
Address to which Notification of								
Acceptance etc. should be sent								
	Attn:							
Desired Graduate School	Doctoral Program, Graduate Sch	ool of Softwa	are and Information Science					
	(Postal code) $\overline{}$	Examinee number	*					
Address to which Notification of								
Acceptance etc. should be sent								
	Attn:							
Desired Graduate School	Doctoral Program, Graduate Sch	ool of Softwa	are and Information Science					

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

Present Address Applicant's Name  Date of Birth  Year / Month  Number  Date of Birth  Number  Number								
Address Applicant's Name  Date of Birth (Year) (Month) (Day)								
Date of Birth (Year) (Month) (Day)								
Year / Month Description								
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )								
Educational Background (starting from elementary school)								
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Educational Background rting from elementary sch								
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ment								
Employment Rec								
$\Xi$								
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								
/ / / <u>Signature</u> Notes:								

1. Please leave the spaces marked with asterisk (\*) blank for official use.

2. 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.

3. In the "Employment Record" section, please specify the name of your employer(s) and your job title(s).

4. If you cannot write down your complete educational background and employment record, please fill out and submit the optional

Form F

### **Research Plan**

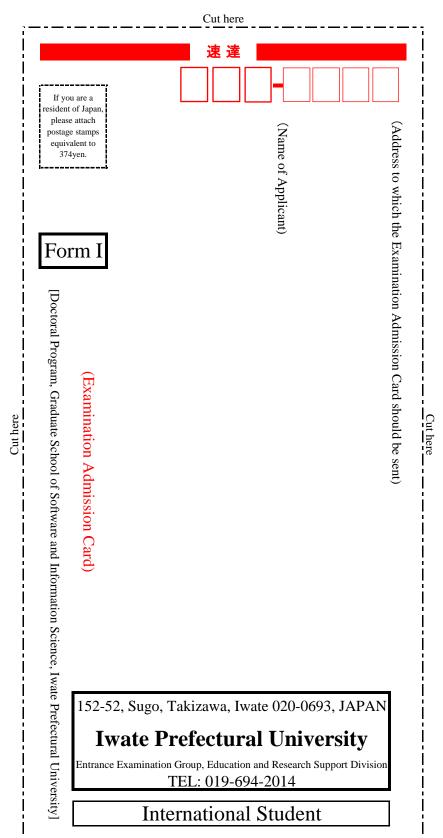
Doctor's Program, Graduate School of Software and Information Science, Iwate Prefectural University

Applicant's			Examine	*		Reference	*
Name	1		Number			Number	
Prospective Supervisor's N				Language used in the interview test		English langua Japanese	ge
	Supervisor's Name Prospective Research			interview test	J	rapanese	
Them							
Details of Pre-		n Consultation		Appended Comm Pertaining to the Consu	Pre-a	pplication	□ Yes □ No
	Pros	pective Supervisor's Signature	ature (if a	vailable):			9 1 (6 711)
Write down the	e details o	f the supervision/acceptance	e exetem e	and the pre-applicati	ion co	ngultation	Seal (if available)
write down the	e details o	i tile supervision/acceptanc	te system a	ind the pre-applicati	ion co	onsultation.	
1 Dasaarah C	ontont (W	rite down also the previou	us research	thomas datails as	nd no	aomnlichma	nts relevant to your
proposed research			us researci	i themes, details, ai	iiu ac	compusime	ins relevant to your
proposed resec	,	,· <i>,</i>					

#### Note:

- 1. Please leave the spaces marked with an asterisk (\*) blank for official use.
- 2. Please mark your choice with  $\checkmark$  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

Reference	ala
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	☐ Male ☐ Female
Date of Birth	Year /	Month /	Day	Nationality	
Desired Education and Research Area		]		l Information S and Media Sys	•
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:	/	/		Signature:
	(Year)	(Month)	(Day)	

## 振込金領収証

Payment Receipt

Date:	年	月		日	
Y	ear	Month	]	Day	
A +=					円
金額		¥30	),00	00	
振込先 銀 行	岩	<b>手銀行</b>	県原	宁支.	店
	公立	5大学法人	、岩手	県立ノ	学
受取人		理事長	千葉	茂樹	t
お振込人 Name					様
備考	1				

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)

		1 - 1 - 1 - 1 - 1				
Dat	e:	年	月	日		
	,	Year M	onth	Day		
	金額	¥30,000				
払込先 銀 行		岩手銀行 県庁支店				
受取	なまえ	公立大学法人 岩手県立大学 理事長 千葉 茂樹				
4人	預金種目	普通預金	口座 番号	2000920		
お振	おところ Address					
込人	おなまえ Name			様		
志望研究科 課 程		Doctoral Program,		科博士後期課程 School of Software and 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)

助完	
科日	
17 🗀	

〇 各票の太枠内をそれぞれご記入下さい。	Date:		年 Year	月 Month	日 Day		(電信扱)								
	払込先 銀 行		岩手銀行 県庁支店				金額						•	_	円
	受取人	なまえ	公立大学法人 岩手県立大学 理事長 千葉 茂樹					現金			3	0	0	0	円
		預金種目	普通預金	口座 番号	20009	20	内	当店券							円
	お振込人	おところ		,			訳	他店券							円
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		ふりがな	電話(	)	_										
		おなまえ Name				様									
		支払期限	令和3年10月										1	系E	]
	備考	第1次募集: 令和3年6月24日 第2次募集: 令和4年1月21日 Deadline of Payment Entrance Examination in July 2021: June 24, 2021													
		Entrance Examination in February 2022: January 21, 2022					手数料								

(保存期間10年)

(振込店保管)