			Examinee Number	*		Reference Number	*			
Curriculum Vitae										
Present Address										
Applicant's Name										
Date of Birth		(Year)	1)	Month)		(Day)				
(lool)	Year / Month		Description							
Educational Background (starting from elementary school)										
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Awards/Honors received/ Disciplinary actions applied		1								
I hereby certify that all of the information provided in this form is true and correct.										
(Date) Year Month Day										
Jotes	/	/	<u>;</u>	Signature						

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.

Achievement Record

Form C

Master's Program, Graduate School of Software and Information Science, Iwate Prefectural University Examinee Reference Applicant's Name Number Number 1. Certifiations Please write down your achievements of certifications, and submit documents to prove them. Role/ Year / Month Description Solo/Group Contribution Rate 2. Academic conference presentations, self-developed software, awards, etc. For academic conference presentations, please submit a copy of the manuscript. For self-developed software, please submit anything in any format that will show your software's features and functions. As for awards, please submit proof via testimonials, etc. For those of a group effort, please write down your role and the amount you contributed in percentage form. Role/ Year / Month Description Solo/Group Contribution Rate

Note:

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

Reference	at.
Number	*

Request Form for Application Eligibility Screening

To the President of Iwate Prefectural University

I would like to apply to the Master's 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							
	Date of Birth	Year Month Day	Nationality					
Desired Education and Research Area		☐ Mathmatical Science☐ Artificial Intelligence	-	er Engineering østems Design				
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:						
	otes:							
	-	with an asterisk (*) blank for official.						
 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. 								
<u>L</u>	Date: / / Signature:							
	(Year) (Month) (Day)							