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| Reference 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 | □ Computer Engineering  □ Social Systems 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: | | |

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)