

		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			
Employment Record	--				
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	--				
	--				
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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:

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.

Reference Number	*
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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			
Date of Birth	Year /	Month /	Day /
	Nationality		
Desired Education and Research Area	☐ Mathematical Science ☐ Computer Engineering ☐ Artificial Intelligence ☐ 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: / /
 (Year) (Month) (Day)

Signature: _____