**Supplemental Form 1**

**Application Form**

 **Human Science International Course**

**Graduate School of Design, Kyushu University**

|  |
| --- |
| Staff Use Only: do not write in spaces marked with an asterisk (\*). |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Encircle: | For Enrollmentin April, 2021（First Call for Applications） | For Enrollmentin October, 2020（Second Call for Applications） |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | PhotographPaste a high resolution photograph image or real paper photo of your face with an uncovered head and front view.4cm x 3cm |
|  |  |  |
| Name in Kanji (if any) |  |
| Date of BirthYYYY/MM/DD(age) | / / ( )  | □Male 　□Female |
| Nationality |  | First Language |  |
| Current Addressand TEL & FAXwith country code | Postal code | TEL  |  |
| FAX |  |
| Contact Informationaddress, TEL & FAX with country code, and e-mail | Postal code | TEL |  |
| FAX |  |
|   |
| E-mail (mandatory) |   |
| Residence Status in Japan(If you do not have a residence status in Japan, write "No Residence Status." | Postal code |
| Parental Contact Information | Name |  | Relationship to the applicant |  |
| Address |  |
|   |
| TEL |   | FAX |  |

|  |  |
| --- | --- |
| Desired Division: choose one Division after you get an agreement from your supervisor. | 1. Physiological Anthropology Division 2. Perceptual Psychology Division3. Applied Mathematics and Computer Science Division |
| Appointed supervisor's name in the above Division |   |
| Message from an applicant with physical disabilities who desires special considerations in taking an oral examination. |  |

**Supplemental Form 2**

**Curriculum Vitae**

**Human Science International Course**

**Graduate School of Design, Kyushu University**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | Staff Use Only (Exam. No) |
|  |  |  | \* |

Academic Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | School Name(University Department name) | Location(city/country) | Required years of schooling at applicant’s school | Applicant’s period of schooling(Entrance: YYYY/MM – Completion: YYYY/MM) |
| Elementary Education |  |  |  |  |
| Secondary Education(Junior High School) |  |  |  |  |
| Senior Secondary Education(High School) |  |  |  |  |
| University (undergraduate level) |  |  |  |  |
| University (graduate level and/or other) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Employment Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organization | Location(city/country) | Position | Type of Work orYour Role | Period of Attendance(YYYY/MM - YYYY/MM) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Skills and Major Areas That are Useful for Doctoral Research

|  |  |
| --- | --- |
| Name | Level |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Supplemental Form 3**

**Summary of Master's Dissertation / Report of Course of Research**

(with approximately 800 words on two pages.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | Staff Use Only (Exam. No) |
|  |  |  | \* |

 Title:

**Supplemental Form 3 (page 2)**

**Supplemental Form 4**

**Research Achievements Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | Staff Use Only (Exam. No) |
|  |  |  | \* |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of academic articles, research reports, patents, and others | Citation information | Names of all authors |
|  |  |  |  |

Note: If one page is not enough, you may extend this table.

**Supplemental Form 5**

**Doctoral Research Plan**

(with approximately 800 words on two pages.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | Staff Use Only (Exam. No) |
|  |  |  | \* |

 Title:

**Supplemental Form 5 (page 2)**

Supplemental Form 6

|  |  |  |
| --- | --- | --- |
| X | Exam.No. | \* |

Examination Permission

Name:

|  |
| --- |
|  |

 Date of birth:

The above-named person has my permission to take the entrance examination for the Doctoral course in the Department of Design, Graduate School of Design, Kyushu University.

 Date:

 To the Dean of the Graduate School of Design, Kyushu University

 Location：

 Organization：

 Immediate supervisor： Signature

**Supplemental Form 7**

**Review of Qualifications to Apply for Entrance Examination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | FAMILY Name | Given Name | Middle Name | Staff Use Only (Exam. No) |
|  |  |  | \* |

Please provide us evidence and/or proof of your academic ability that is equal to or surpassing that of a Master Degree holder besides your information in supplemental Forms 2 and 4.

Activities in academia and societies

|  |  |
| --- | --- |
| Date or term | Items |
|  |  |

Others

|  |  |
| --- | --- |
| Date or term | Items |
|  |  |

Sheet A

Entrance Examination Fee Proof of Payment

|  |  |
| --- | --- |
| Date | \*No |
| Department | Department of Design |
| Course | Human Science International Course |
| Desired Division  |  |
| Address  |  |
| Name  |  |
| Contact(Email)  |  |

Note: Please fill in your desired Division, your address, name and contact information.

Please paste a document to certify the completion of the payment.