(Appendix 1)

Proof of Payment of the Application Fee

In case you paid the application fee at “(B) Convenience Store”, paste the receipt/ payment slip in the space below. In case you paid the application fee via “(C) Bank Transfer”, paste the bank order/ remittance advice issued by the bank in the space below.

<Notes> In case you paid the application fee by “(A) Credit Card”, submit the printed “Result” page of the payment website “e-shiharai.net” together with all required documents for the application.

Paste the receipt/ payment slip here, if you paid the application fee at a convenience store.

Paste the bank order/ remittance advice issued by the bank, if you paid the application fee via bank transfer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Desired Graduate School | | Graduate School of Design | | | |
| Desired Course | | Course | | | |
| Name | Family Name | | First Name | | Middle Name (if any) |
|  | |  | |  |
|  | | | | | |
|  | | | | | |
|  | | | |  | |
|  | | | | | |

(Appendix 2) For Admission by General Entrance Examination

2025 Master’s Program, Graduate School of Design, Kyushu University

Application Form **(Admission by General Entrance Examination)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Examinee Number | \* | | | Nationality | | | | |  | | Reference Number | | | | \* | | Pass / Fail \* |
| Full Name | | Family Name | | | | | | | First Name | | | | | Middle Name (if any) | | | |
|  | | | | | | |  | | | | |  | | | |
| *Furigana* | |  | | | | | | |  | | | | |  | | | |
| Date of Birth  YYYY/ MM/ DD | | / 　　 / (Age ) | | | | | | | | | | | | | | | |
| Desired Course (Select one only) | | □ Strategic Design Course | | | | | | | | □ Environmental Design Course | | | | | | | |
| □ Human Life Design and Science Course | | | | | | | | □ Design Futures Course | | | | | | | |
| □ Media Design Course | | | | | | | | □ Acoustic Design Course | | | | | | | |
| Name of Academic Supervisor of Choice (One faculty member only) | | | | | | |  | | | | | | | | | | |
| Enrollment Period of Choice  (Select one only) | | | | | | | □ April 2025 □ October 2025 | | | | | | | | | | |
| English Language Proficiency Tests | | | Type of Test | | | | | | | | | | Score | | | Test Date | |
| TOEFL-iBT (TOEFL iBT test at a test center) | | | | | | | | | |  | | |  | |
| Examination on Specialized Fields | | | Field Number | |  | | | Name of Specialized Field | | | |  | | | | | |
| Language of Choice for Written Examination on Specialized Field (Select one only) | | | | | | | | □ Japanese □ English | | | | | | | | | |
| Language of Choice for Interview (Select one only) | | | | | | | | □ Japanese □ English | | | | | | | | | |
| Academic History | | | Period  (YYYY/MM) | | | Name of Schools/ Universities | | | | | | | | | | | |
| / | | | Graduated from  High School | | | | | | | | | | | |
| / | | | Enrolled in  University (Undergraduate)  Department: | | | | | | | | | | | |
| / | | | Graduated/ Expected to graduate from  University (Undergraduate)  Department: | | | | | | | | | | | |
| / | | |  | | | | | | | | | | | |
| / | | |  | | | | | | | | | | | |
| Work Experience | | | / | | |  | | | | | | | | | | | |
| / | | |  | | | | | | | | | | | |
| Current Address | | | Postal Code  Country:  Telephone:  E-mail: | | | | | | | | | | | | | | |
| Contact Information  (If it is the same as above, please write "Same as above") | | | Postal Code  Country:  Telephone:  E-mail: | | | | | | | | | | | | | | |
| Please read the “Notes” on the following page carefully before filling out the application form. | | | | | | | | | | | | Student ID Number  (For students of Kyushu University only) | | | | | |

Notes on the Completion of the Application Form (You do not need to submit this page)

1. Do not fill in the fields marked with an asterisk (\*).
2. Neither changes in the desired course nor specialized field of the examination are permitted after applying.
3. For “Examination on Specialized Fields,” select one of the specialized fields you wish to take from among those listed on “Ⅳ 6 (2) Specialized Fields and Scopes of the Examination” and fill in the field number and the name of the specialized field.
4. If you need extra space to complete the sections of “Academic History” and “Work Experience” in this application, you can add it directly in the form and print 2 pages per sheet on both sides, if necessary.
5. If any falsification is identified in the submitted documents, admission will be revoked even after enrollment.
6. If there is any change in your current address or contact information during the admission procedure, please contact the Student Affairs Division of the Administration Office of Design as soon as possible.

(Appendix 3)

2025 Master’s Program, Graduate School of Design Kyushu University

(Admission by General Entrance Examination)

**Examination Slip**

(受　　験　　票)

|  |  |
| --- | --- |
| Examinee  Number | \* |
| Desired Course | Course |
| Full Name |  |

|  |  |  |
| --- | --- | --- |
| Type  Date | Format | Time  (Japan Standard Time) |
| Friday, August 30, 2024 | Examination on Specialized Fields | 9:30 - 12:30 |
| Interview | 14:00 - 19:00 |

|  |
| --- |
| attach  photo  here  (L 4 cm × W 3 cm) |

　[Note] You must have your Examination Slipon the examination day

|  |
| --- |
|  |

2025 Master’s Program Graduate School of Design Kyushu University

(Admission by General Entrance Examination)

**Identification Slip**

(照　　合　　票)

|  |
| --- |
| attach  photo  here  (L 4 cm × W 3 cm) |

|  |  |
| --- | --- |
| ExamineeNumber | \* |
| Desired Course | Course |
| Full Name |  |

(Appendix 4)

Research Proposal

|  |  |  |  |
| --- | --- | --- | --- |
| Master’s Program, Department of Design | | | |
| Desired Course | Course | | |
| Name | Family Name | First Name | Middle Name (if any) |
|  |  |  |

Please describe the details of research that you would like to conduct at the Department of Design in approximately 400 words on a single A4 page and you may not write on the back. A document prepared in accordance with this form using Word or other document processing software is also acceptable.

Research Title:

(Appendix 5)

Educational Background

|  |  |  |  |
| --- | --- | --- | --- |
| Master’s Program, Department of Design | | | |
| Desired Course | Course | | |
| Name | Family Name | First Name | Middle Name (if any) |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year / Month | Name of School/ University  (Degree/ Department) | Location  (City/ Country) |
| Elementary School | / | Enrolled in |  |
| Elementary School | / | Graduated from |  |
| Junior High School | / | Enrolled in |  |
| Junior High School | / | Graduated from |  |
| High School | / | Enrolled in |  |
| High School | / | Graduated from |  |
| University (Undergraduate Level) | / | Enrolled in  University    Department: |  |
| University (Undergraduate Level) | / | Graduated / Expected to graduate from  University    Department: |  |
| Total period of education | The total period of education from elementary school to last institution  years months | | |

(Appendix 6)

Mailing Labels

Each document will be delivered, so please fill out the form accurately to ensure that the mail reaches the applicant.

**For notification of acceptance**

Postal Code:

Address:

**----------------------------------------------------------------------------------------------------------------------**

　Name: Mr./ Ms./ Mrs.

**----------------------------------------------------------------------------------------------------------------------**

For 2025 Admission by General Entrance Examination

**For sending documents for enrollment procedures**

Postal Code:

Address:

**----------------------------------------------------------------------------------------------------------------------**

　Name: Mr./ Ms./ Mrs.

**----------------------------------------------------------------------------------------------------------------------**

For 2025 Admission by General Entrance Examination

(Appendix 7)

|  |  |
| --- | --- |
| ExamineeNumber | \* |

2025 Master’s Program, Graduate School of Design, Kyushu University

Application Form for Preliminary Screening of Application Qualifications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Desired Course | Course | | | | | | |
| Full Name | Family Name | | | First Name | | Middle Name (if any) | |
|  | | |  | |  | |
| Current Status  Name of current university or employer |  | | | Date of Birth  YYYY/MM/DD (Age) | / / ( ) | | |
| Current Address |  | | | | | | |
|  | **Academic History** | | | | | | |
| Category | | Study Period  YYYY/MM - YYYY/MM | Name of School/ University  (Degree/ Department) | | | | Location  (City/ Country) |
| Elementary and Junior High School | |  |  | | | |  |
| High School | |  |  | | | |  |
| University (Undergraduate Level) | |  |  | | | |  |
| University (Graduate Level, if any) | |  |  | | | |  |
|  | **Work Experience** | | | | | | |
| Period of Attendance YYYY/MM - YYYY/MM | Name of Organization/ Job Title, etc. | | | | | | |
|  |  | | | | | | |
|  | **Academic and Social Achievements** | | | | | | |
| Date | Achievements/ Activities | | | | | | |
|  |  | | | | | | |

Notes: please also submit the academic papers or works relevant to academic and social achievements listed above, if any.