

(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
SPECIAL ADMISSION FOR DOCTORAL PROGRAM
EXAMINATION IN DECEMBER 2018

ELIGIBILITY SCREENING CHECKLIST
FOR DOCUMENTS SUBMISSION

Applicant's name: _____

I will apply for

- ☐ Enrollment in April 2019
☐ Enrollment in October 2019

- ☐ Eligibility screening application form (**Form 2**)
☐ Academic transcript
☐ Graduation certificate or certificate of expected graduation
☐ Letter of consent for application (**Form 3, if necessary**)
☐ Score record of English proficiency test
☐ Guarantee letter (only for applicants who are accepted for a scholarship)

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Qualification
status
For administration use only.

Yes / No

ELIGIBILITY SCREENING APPLICATION FORM

Photograph
(4.0 cm x 3.0 cm)

1. DATE OF APPLICATION / /
Month Day Year
2. NAME () M () F
Family First Middle
3. DATE OF BIRTH / / 19
Month Day Year
4. NATIONALITY

5. CONTACT DETAILS

Current or home address: _____

Phone: _____ E-mail: _____

Skype name: _____

6. STUDY AREA AND SUPERVISOR

Study area: _____ Supervisor's name: _____

7. SCHOLARSHIP AND HONORS (if applicable)

Indicate scholarship program(s) you have obtained:

Name of your scholarship program / sponsor: _____

Period of scholarship: From _____ / 20____ to _____ / 20____ (mo/yr)

Amount of scholarship: _____/month

Awards and honors received to date and/or score ranking in your previous academic program:

* Use a black ink pen or black ballpoint pen to fill in the application form. Forms filled in by pencil or erasable pen will not be accepted.

8. EDUCATIONAL BACKGROUND

	Name of school/institution	Period: from – until (mo/yr)
Elementary education:	_____	_____ - _____

Secondary education:	_____	_____ - _____

Higher education:	_____	_____ - _____

Undergraduate education:	_____	_____ - _____

(Faculty/department)	_____	
Graduate education: (if applicable)	_____	_____ - _____

(Faculty/department)	_____	
Expected date of completion of current educational program (if applicable):	_____ / _____ / _____	

9. EMPLOYMENT RECORD

Name of company/organization	Period: from – until (mo/yr)
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

(Form 3) (if necessary)

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Examinee's No.
For administration use only.

LETTER OF CONSENT FOR APPLICATION

To: The Dean of the Graduate School of Global Environmental Studies, Kyoto University

I hereby permit;

NAME _____
Family First Middle

DATE/PLACE OF BIRTH _____
Month Day Year Place

to apply for admission to the doctoral program(s) of the Graduate School of Global Environmental Studies, Kyoto University.

DATE _____
Month Day Year

NAME _____

POSITION and INSTITUTION _____

SIGNATURE _____

(Form 4)

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APPLICATION FORM

1. DATE OF APPLICATION / /
 Month Day Year

2. NAME () M () F
 Family First Middle

3. DATE OF BIRTH / / 19

4. NATIONALITY

5. CONTACT DETAILS

Current or home address:

Phone: E-mail:

Mailing address in Japan (if applicable):

6. PROGRAM, STUDY AREA AND SUPERVISOR

Choice of Program(s): 1st Choice: Doctoral program in

2nd Choice: Doctoral program in

Study area: Supervisor's name:

7. TITLE OF YOUR PROPOSED STUDY IN THE DOCTORAL COURSE

8. SCHOLARSHIP (if applicable)

Indicate below if you are guaranteed a scholarship upon acceptance as a graduate student by this school.

() Japanese Government Scholarship

() Other Government Scholarship

() Non-government Scholarship

(For administrative purposes only)

Result	Pass / Fail	Dean's signature	
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LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT

Please fill in the upper portion of this page (your name, address and e-mail) and give it to the person who will be recommending you.

Name of applicant:

(Family)

(First)

(Middle)

Address:

E-mail address: _____

TO BE COMPLETED BY THE RECOMMENDING PARTY

Upon completion, please return this form to the applicant in a sealed envelope, signed across the envelope seal.

Familiarity with the applicant

- What is your relationship with the applicant? ☐ Teacher/Professor ☐ Other _____
- How long have you known the applicant? _____ years _____ months
- How often do you meet the applicant? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely
- Please use the space below for further explanation of your interactions with the applicant.

- Please provide a description of the applicant's qualifications for graduate study. In this regard, please include an assessment of how this applicant compares to others whom you have taught or supervised.

- Please comment on the applicant's aptitudes and/or inadequacies and include any other remarks that you may feel are important and relevant to his/her graduate school study.

(If necessary, please write on a separate sheet and attach it to this form)

Appraisal

Please make an appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students in the same field whom you have known or taught.

	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to judge
Intellectual ability						
Analytical ability						
Ability in oral expression						
Ability in written expression						
Ability to work with others						
Persistence/ drive						
Originality/ creativity						

Overall Recommendations:

☐ Strongly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

Name of recommending party: _____

Position/Title: _____

Affiliation: _____

Address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Signature of recommending party

Date (month/day/year)