

(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES  
KYOTO UNIVERSITY  
SPECIAL ADMISSION FOR DOCTORAL PROGRAM  
EXAMINATION IN JUNE 2019

ELIGIBILITY SCREENING CHECKLIST  
FOR DOCUMENTS SUBMISSION

Applicant's name: \_\_\_\_\_

I will apply for

- Enrollment in October 2019
- Enrollment in April 2020
  
- 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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<b>Qualification status</b> <small>For administration use only.</small> <b>Yes / No</b>
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ELIGIBILITY SCREENING APPLICATION FORM

  Photograph (4.0 cm x 3.0 cm)
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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

Do you want to apply for the MEXT scholarships in GSGES?  Yes  No

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)
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

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(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 \_\_\_\_\_



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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)