

(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
ADMISSIONS FOR MASTER'S 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
 - ADB-JSP for 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)
 - ADB-JSP related documents (ADB-JSP applicants only) (a: information sheet, b: income certificates)

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

* 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.

(Form 3) (if necessary)

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Examinee's No.
For administration use only.

LETTER OF CONSENT FOR APPLICATION

For the Attention of 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 Master's Program of the Graduate School of Global
Environmental Studies, Kyoto University.

DATE _____
Month Day Year

NAME _____

POSITION / STATUS _____

INSTITUTION _____

SIGNATURE _____

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STATEMENT OF REASONS FOR APPLICATION

Name	
Title of your graduation thesis/ research area for undergraduate study	
Please give your reasons for applying for this master's program	

Describe your study plan for the master's program

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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)
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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)