ELIGIBILITY SCREENING CHECKLIST FOR DOCUMENTS SUBMISSION

Applicant’s name: ____________________________

I will apply for
☐ Enrollment in April 2020
☐ Enrollment in October 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)
GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
SPECIAL ADMISSION FOR DOCTORAL PROGRAM
EXAMINATION IN DECEMBER 2019

ELIGIBILITY SCREENING APPLICATION FORM

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

<table>
<thead>
<tr>
<th>Name of school/institution</th>
<th>Period: from – until (mo/yr)</th>
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<tbody>
<tr>
<td>Elementary education:</td>
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<td>Secondary education:</td>
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<tr>
<td>Higher education:</td>
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<tr>
<td>Undergraduate education:</td>
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<tr>
<td>(Faculty/department)</td>
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<tr>
<td>Graduate education:</td>
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<td>(if applicable)</td>
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<tr>
<td>(Faculty/department)</td>
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</table>

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

9. EMPLOYMENT RECORD

<table>
<thead>
<tr>
<th>Name of company/organization</th>
<th>Period: from – until (mo/yr)</th>
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</tbody>
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* 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.*
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 ________________________________
GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
SPECIAL ADMISSION FOR DOCTORAL PROGRAM
EXAMINATION IN DECEMBER 2019

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
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.

______________________________

(Examinee’s No.)
For administration use only.
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.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Fair (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>Unable to judge</th>
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</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Analytical ability</td>
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<td>Ability in oral expression</td>
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<td>Ability in written expression</td>
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<td>Ability to work with others</td>
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<tr>
<td>Persistence/drive</td>
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<td>Originality/creativity</td>
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</table>

**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) /