GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
ADMISSIONS FOR MASTER’S PROGRAM
EXAMINATION IN JUNE 2020

ELIGIBILITY SCREENING CHECKLIST
FOR DOCUMENTS SUBMISSION

Applicant’s name: ____________________________

I will apply for
☐ Enrollment in October 2020
☐ Enrollment in April 2021
☐ ADB-JSP for enrollment in April 2021

☐ Eligibility screening application form (Form 2)
☐ Academic transcript
☐ Graduation certificate or certificate of expected graduation
☐ Letter of consent for application (Form 3, if necessary)
☐ 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)
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
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary education:</td>
<td></td>
</tr>
<tr>
<td>Secondary education:</td>
<td></td>
</tr>
<tr>
<td>Higher education:</td>
<td></td>
</tr>
<tr>
<td>Undergraduate education:</td>
<td></td>
</tr>
<tr>
<td>(Faculty/department)</td>
<td></td>
</tr>
<tr>
<td>Graduate education: (if applicable)</td>
<td></td>
</tr>
<tr>
<td>(Faculty/department)</td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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

For the Attention of the Dean of the Graduate School of Global Environmental Studies, Kyoto University

I hereby permit

NAME

DATE/PLACE OF BIRTH

DATE

NAME

POSITION / STATUS

INSTITUTION

SIGNATURE
GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
ADMISSIONS FOR MASTER’S PROGRAM
EXAMINATION IN JUNE 2020

APPLICATION FORM

1. DATE OF APPLICATION / / Month Day Year
2. NAME Family First Middle ( ) M ( ) F
3. DATE OF BIRTH / / 19 Month Day Year
4. NATIONALITY
5. CONTACT DETAILS
   Current or home address: 
   Phone: E-mail: 
   Mailing address in Japan (if applicable):
6. STUDY AREA AND SUPERVISOR
   Study area CHOICE: Supervisor’s name: 
7. SCHOLARSHIP
   Indicate below a scholarship you are guaranteed upon acceptance as a graduate student by this school.
   ( ) Japanese Government Scholarship ( ) Other Government Scholarship
   ( ) Non-government Scholarship

(For administrative purposes only)

<table>
<thead>
<tr>
<th>Result</th>
<th>Pass / Fail</th>
<th>Dean’s signature</th>
</tr>
</thead>
</table>

Examinee’s No. For administration use only
STATEMENT OF REASONS FOR APPLICATION

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of your graduation thesis/research area for undergraduate study</td>
<td></td>
</tr>
</tbody>
</table>

Please give your reasons for applying for this master’s program
Describe your study plan for the master’s program
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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability in oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability in written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistence/ drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originality/ creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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)