(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR DOCTORAL PROGRAM

IN DECEMBER 2020

ELIGIBILITY SCREENING CHECKLIST

FOR DOCUMENTS SUBMISSION

Applicant’s name:

I will apply for □ Enrollment in **April 2021**

 □ Enrollment in **October 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)

(Form 2) Page 1

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR DOCTORAL PROGRAM

IN DECEMBER 2020

Photograph

(4.0 cm x 3.0 cm)

ELIGIBILITY SCREENING APPLICATION FORM

|  |  |
| --- | --- |
| 1. DATE OF APPLICATION |  / / Month Day Year |
| 2. NAME | In KATAKANA\*:  |
|  / / Family (In capital letters/In Kanji if applicable) First (Only initial capitalized/In Kanji if applicable)( ) M / ( ) F |
| 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 |
|  | Name of scholarship program / sponsor |  |
|  | Period of scholarship | From / 20 to / 20 (mo/yr) |
|  | Amount of scholarship |  /month |
|  | Apply for MEXT scholarships in GSGES | □ Yes / □ No |
| 8.HONORS (if applicable)Awards and honors received to date and/or score ranking in your previous academic program |  |

\*KATAKANA is one of the Japanese alphabet expressing how to read the foreign names in Japanese pronunciation.

(Form 2) Page 2

9. EDUCATIONAL BACKGROUND

|  |  |  |
| --- | --- | --- |
|  | Name of school/institution | Period: from – until (mo/yr) |
| Elementary education |  | – |
| Secondary education |  | – |
| Higher education |  | – |
| Undergraduate education(Faculty/department) |  | – |
| (if applicable)Graduate education(Faculty/department) |  | – |
| Expected date of completion of current educational program (if applicable) |  / / Month Day Year |

Kyoto University Student ID number:

\*For applicants who are currently enrolled at, or enrolled in the past at Kyoto university

10. EMPLOYMENT RECORD

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

(Form 3) **(if necessary)**

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

Examinee’s No.

For administration use only.

Applicant ID.

For administration use only.

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR DOCTORAL PROGRAM

IN DECEMBER 2020

LETTER OF CONSENT FOR APPLICATION

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

I hereby permit;

NAME

 Family First

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)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

Applicant ID

For administration use only.

KYOTO UNIVERSITY

FOR DOCTORAL PROGRAM

IN DECEMBER 2020

APPLICATION FORM

|  |  |
| --- | --- |
| 1. DATE OF APPLICATION |  / / Month Day Year |
| 2. NAME |  / / Family (In capital letters/In Kanji if applicable) First (Only initial capitalized/In Kanji if applicable)( ) 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.PROGRAM, STUDY AREA AND SUPERVISOR |
|   | Choice of Program(s) | 1st Choice: Doctoral program in  |
| 2nd Choice: Doctoral program in  |
|  | Study area |  |
|  | Supervisor’s name |  |

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Applicant ID

For administration use only.

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

FOR DOCTORAL PROGRAM

IN DECEMBER 2020

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.

|  |
| --- |
|  |

(Form 5) Page 2

* 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)