

(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)

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ELIGIBILITY SCREENING APPLICATION FORM

Photograph
(4.0 cm x 3.0 cm)

1. DATE OF APPLICATION	<div style="text-align: center; margin-bottom: 5px;"> _____ / _____ / _____ Month Day Year </div>
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	<div style="text-align: center; margin-bottom: 5px;"> _____ / _____ / 19____ Month Day Year </div>
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	<input type="checkbox"/> Yes / <input type="checkbox"/> 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.

*Print all forms on A4 white paper, single-sided.

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)

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Applicant ID. 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

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)

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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)	1 st Choice: Doctoral program in _____
	2 nd Choice: Doctoral program in _____
Study area	
Supervisor's name	

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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)