

(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
SPECIAL ADMISSION FOR DOCTORAL 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

- 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)

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

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 _____

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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.

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- 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)