

(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES
KYOTO UNIVERSITY
IEMP ENTRANCE EXAMINATION FOR MASTER'S 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**
 - ADB-JSP** for 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)
- ADB-JSP related documents (ADB-JSP applicants only) (a: information sheet, b: income certificates)

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ELIGIBILITY SCREENING APPLICATION FORM

Photograph
(4.0 cm x 3.0 cm)

| | |
|---|---|
| 1. DATE OF APPLICATION | _____ / _____ / _____ <small>Month Day Year</small> |
| 2. NAME | In KATAKANA*: _____ _____ / _____ / _____ <small>Family (In capital letters/In Kanji if applicable) First (Only initial capitalized/In Kanji if applicable)</small> () M / () F |
| 3. DATE OF BIRTH | _____ / _____ / 19_____ <small>Month Day Year</small> |
| 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 |
| 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.

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.
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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 _____
Family First

DATE/PLACE OF BIRTH _____
Month Day Year Place

to apply for admission to the Master's Program of the Graduate School of Global
Environmental Studies, Kyoto University.

DATE _____
Month Day Year

NAME _____

POSITION / STATUS _____

INSTITUTION _____

SIGNATURE _____

(Form 4)

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Applicant ID
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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. STUDY AREA AND SUPERVISOR | |
| Study area | |
| Supervisor's name | |

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| |
|--|
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STATEMENT OF REASONS FOR APPLICATION

| | |
|---|--|
| Name | |
| Title of your graduation thesis/ research area for undergraduate study | |
| Please give your reasons for applying for this master's program | |

Describe your study plan for the master's program

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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)

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)