(Form 1)

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR MASTER’S PROGRAM

IN JUNE 2021

ELIGIBILITY SCREENING CHECKLIST

FOR DOCUMENTS SUBMISSION

Applicant’s name:

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

 **□** Enrollment in **April 2022**

 **□** **ADB-JSP** for enrollment in April 2022

□ Application form (**Form 2**)

□ Academic transcript

□ Graduation certificate or certificate of expected graduation

□ 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)

(Form 2) Page 1

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR MASTER’S PROGRAM

IN JUNE 2021

Photograph

(4.0 cm x 3.0 cm)

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) |
| Full name (Fill in exactly as appeared on your passport) |
| 3. DATE OF BIRTH / Sex |  / / 19 sex: ( ) Male / ( ) FemaleMonth Day Year |
| 4. NATIONALITY |  |
| 5. CONTACT DETAILS |
|  | Current or home address |  |
|  | Phone |  |
|  | E-mail |  @ |
| 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.

 (Form 2) Page 2

9. EDUCATIONAL BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of school/institution | Period: from – until (mo/yr) | Officially RequiredYears for Graduation |
| Elementary education |  | – |  |
| Secondaryeducation |  | – |  |
| Highereducation |  | – |  |
| Undergraduate education(Faculty/department) |  | – |  |
| (if applicable)Graduateeducation(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

Admissions Assistance Office (AAO) ID number:

\*Only for those who have graduated, or expect to graduate, from an overseas university

10. EMPLOYMENT RECORD

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

(Form 3)

Applicant ID

For administration use only.

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR MASTER’S PROGRAM

IN JUNE 2021

APPPLICATION CHECKLIST

FOR DOCUMENTS SUBMISSION

Registration ID:

Applicant’s name:

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

 **□** Enrollment in **April 2022**

 **□** **ADB-JSP** for enrollment in April 2022

□ Payment slip

□ Copy of graduation thesis

□ Statement of reasons for application (**Form4**)

□ Two letters of recommendation

□ Address label (only for applicants residing in Japan) (**Form 6**)

 (Form 4) Page 1

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

Applicant ID

For administration use only.

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR MASTER’S PROGRAM

IN JUNE 2021

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 |

(Form 4) Page 2

|  |
| --- |
| Describe your study plan for the master’s program |

(Form 5) Page 1

Applicant ID

For administration use only.

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

IEMP ENTRANCE EXAMINATION FOR MASTER’S PROGRAM

IN JUNE 2021

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.

|  |
| --- |
|  |

(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.

|  |
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(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)

(Form 6)

|  |
| --- |
| **Address label**　　＜Name　　　　　　　　　　　　　　　　　　＞For applicants residing in Japan: Complete a form below using an address that will be applicable at the times indicated. |

○ Concerning enrollment procedures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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