

(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)

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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)  Full name (Fill in exactly as appeared on your passport)
3. DATE OF BIRTH / Sex	<div style="text-align: center; margin-bottom: 5px;">           _____ / _____ / 19                  sex: (    ) Male / (    ) Female            Month                  Day                  Year         </div>
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.

9. EDUCATIONAL BACKGROUND

	Name of school/institution	Period: from – until (mo/yr)	Officially Required Years for Graduation
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 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  
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APPLICATION 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**)

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Applicant ID For administration use only.
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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)




(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

	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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