

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES  
KYOTO UNIVERSITY  
IEMP ENTRANCE EXAMINATION FOR MASTER'S PROGRAM  
IN DECEMBER 2021

Applicant ID  
For administration use only.

Photograph  
(4.0 cm x 3.0 cm)

## APPLICATION FORM

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 / GENDER	<div style="text-align: center; margin-bottom: 5px;">           _____ / _____ / _____      <u>gender:</u> (   ) Male / (   ) Female            Month      Day      Year         </div>
4. NATIONALITY	
<b>5. CONTACT DETAILS</b>	
Current or home address	
Phone	
E-mail	_____ @ _____
6. ENROLLMENT PERIOD	<input type="checkbox"/> April, 2022 <input type="checkbox"/> October, 2022 ( <input type="checkbox"/> Apply for ADB-JSP)
<b>7. STUDY AREA AND SUPERVISOR</b>	
Study area	
Supervisor's name	
<b>8. SCHOLARSHIP</b>	
Name of scholarship program / sponsor	
Period of scholarship	From _____ / _____ to _____ / _____ (mo/yr)
Amount of scholarship	_____ /month
9. 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.

10. EDUCATIONAL BACKGROUND

	Name of school/institution	Period: from – until (mo/yr)	Officially Required Years for Graduation
Elementary education		— (mo/yr) (mo/yr)	
Secondary education		— (mo/yr) (mo/yr)	
Higher education		— (mo/yr) (mo/yr)	
Undergraduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
(if applicable) Graduate education (Faculty/department)		— (mo/d/yr) (mo/d/yr)	
Expected date of completion of current educational program (if applicable)	<div style="text-align: center;">           _____ / _____ / _____            Month      Day      Year         </div>		

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

11. EMPLOYMENT RECORD

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

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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.

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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)

(Form 4)

**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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