Fukushima University Graduate School of Symbiotic Systems Science and Technology

Master's Program

Entrance Exam for Admissions in October 2024 / April 2025

(General Exam, Working Person Special Exam, and International Students Special Exam)

Application Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Admission  (Circle One) | | Major (Circle One) | | | Exam Type (Circle One) | | | Examinee Number  (No entry needed) |
| October  2024 | April  2025 | Symbiotic Systems Science and Technology | Environmental  Radioactivity | | General  Exam | Working Person Special Exam  (WPS) | International Student Special Exam | MR |
| Kana | |  | | | | Birthdate/Age | | Gender |
| Name | |  | | | | MM/DD/YY:  Age:  \*Oct admission: as of 2024/9/30  \*April admission: as of 2025/3/31 | | Male/Female |
|  | | Instructor of choice | | | Instructor’s Course  (of Specialization) | | Nationality (Non-Japanese only) | Visa Status (Non-Japanese only) |
| 1st Choice | |  | | |  | |  |  |
| 2nd Choice | |  | | |  | |
| Application Qualification | | Application Qualification (All applicants) | | (Circle One)  1), 2), 3), 4), 5), 6), 7), 8), 9), 10), 11) | | | Requirements (Applicants for WPS Exam) | (Circle One)  (A), (B), (C) |
| National/Public/Private University/Faculty/Department/School/College  Graduated / Expected to graduate in MM/YY | | | | | | |
| Conferred / to be conferred a bachelor degree on YYYY / MM / DD | | | | | | |
| Passed the Individual Enrollment Qualification Assessment on YYYY / MM / DD | | | | | | |
| Current Resident Address | | Address:  Phone:  E-mail: | | | | | | |
| Contact Address  (In Japan) | | Address:  Phone: Mobile Phone:  E-mail: | | | | | | |
| Place of employment  (If employed) | | Name of organization/company  Type of job/title  Address of organization/company  Phone: | | | | | | |

**\* When filling in the form, please refer to the notes on the next page.**

|  |  |  |
| --- | --- | --- |
| Academic Record  (For those without Japanese citizenship, provide the details from primary education. For others, provide the details from high school. Describe your experience as a research student, etc., if any. | | |
| Name of School | | Period |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
|  | | Entered in MM/YY  Graduated / Expected to graduate in MM/YY |
| Work Experience | | |
| Name of Organization/Company  (Place of employment) | Type of Job | Period |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
|  |  | From MM/YY to MM/YY |
| I confirm the above to be true and correct.  MM/DD/YY  Name of Applicant (Signature) | | |

If the information provided here is found to be untrue, your admission may be cancelled.

【Notes】

1. For “Instructor of choice” and “Instructor’s Course”, please refer to “List of Instructors for the Major in Symbiotic Systems Science and Technology” and “List of Instructors for the Major in Environmental Radioactivity” and, fill in up to your choice. **Before applying, please be sure to contact the instructor you wish to serve as your supervisor and discuss your suitability for the field of study.**

For the “Instructor’s Course”, please select the appropriate field from the following.

Major in Symbiotic Systems Science and Technology: Mathematics and Information Systems, Physics and Mechatronics, Material and Energy Science, Life and Environmental Sciences

Major in Environmental Radioactivity: Environmental Radioactivity

1. For “Application Qualification (All applicants)”, see Pages 3-4 and for “Requirements (Applicants for Working Persons Special Entrance Exam)”, see pages 4-5 of the Application Guide. Please circle ones that apply.
2. ”Contact Address” will be used for inquiry about your application, etc. Please provide accurate information that you can be sure to be contacted.