**APPLICATION FORM（International Applicant）**

**EXAMINATION FOR ADMISSION - ACADEMIC YEAR 2023**

**Innovative Flex Program for Doctoral Course, Yamagata University**

**Graduate School of Science and Engineering / Graduate School of Organic Materials Science**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | \*Digitally copy and paste or adhere your ID photo (30mm x 40mm, chest up, directly looking front) | | | | | | | | | | | |  |
| 選考試験番号 | | | |  | | | | | | | |
| (For YU Admissions use only) | | | |  | | | | | | | |
| LAST/FAMILY name | | | | First/Given name | | | | Middle name | | | | | Check one  Male  Female | |
|  | | | |  | | | |  | | | | |
| Permanent Home Address (Street, City, State/Province, Postal/Zip Code) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Country | | | Telephone where we can reach you | | | | | | | Email | | | | |
|  | | |  | | | | | | |  | | | | |
| Nationality | | | Date of Birth (Month Date, Year) | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Check one that you intend to enter. | | | | | | | | | | | | | | |
| □Graduate School of Science and Engineering □Graduate School of Organic Materials Science | | | | | | | | | | | | | | |
| Intended Master’s Major at YU Graduate School | | | | | | | Supervising Professor You Applied to Work with | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Name of Most Recently Enrolled Academic Institution or Highest Completed Level of Education City, Country | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |
| Major | | | | | Degree (anticipated) | | | | Current Year | | Completion Month, Year (anticipated) | | | |
|  | | | | |  | | | |  | |  | | | |
| Academic Background: Chronologically list degrees completed (or anticipated) beyond bachelor’s or equivalent. | | | | | | | | | | | | | | |
| (month/year) | Name of Institution | | | | | | | | | | | City, Country | | |
|  |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
| Work Experience: Chronologically list work experience after obtaining bachelor’s degree or equivalent. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |

I confirm that the information provided in this document is based on facts and true to the best of my knowledge and belief.

|  |
| --- |
|  |

Applicant Signature Date (month date, year)