Form 1

CSC Scholarship Program

Application Form - Master’s Program 　　　　　　　　　　　　　　　 **＊Official use only**

|  |  |
| --- | --- |
| Examinee's Number | **\*** |

Japan Advanced Institute of Science and Technology

: Please check the appropriate box.

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| Admission Term | October 2024 | | | | | | | | | | | | | | Photograph  4 cm length × 3 cm width |
| Full Name  in block letters |  | |  | | | |  | | | | | Gender | | |
| M  　F | | |
| Family | | Given | | | | Other(s) | | | | |
| Date of Birth |  | | | / |  | | | | / | |  | | | |
| Year | | |  | Month | | | |  | | Day | | | |
| Intended Supervisor  (*See Note 1*) |  | | | | | | | | | | | | | |
| Degree you wish to obtain (Please select one.)  (*See Note 2*) | Knowledge Science  Information Science  Materials Science | | | | | | | | | | | | | | |
| Eligibility  Requirement | Name of University  (Undergraduate School) | | | | |  | | | | | | | | | |
| Department / Faculty | | | | |  | | | | | | | | | |
| Major | | | | |  | | | | | | | | | |
| Graduation (A.D) | | | | |  | | / | |  | | | |  | |
| year | |  | | month | | | |  | |
| Current Address: | | | | | | | | | | | | | | | |
| Email: | | | | | Cell Phone: | | | | | | | | Home Phone: | | |
| Emergency contact address: | | | | | | | | | | | | | | | |
| Name: | | (Relationship:　　　　　 　) | | | | | | | | Phone: | | | | | |

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| Nationality |  | | | |
| Language proficiency (Evaluate the level as excellent, good, fair, or poor.) | | English | Reading:  Listening:  Writing:  Speaking: | Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor |
| Japanese | Reading:  Listening:  Writing:  Speaking: | Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor |

**Note 1:** Applicantsmust write in the name of their intended supervisor at JAIST.

**Note 2:** This information will be used only for the examination and will not affect the degree you wish to obtain.