Admission Application for the University of Aizu Graduate School Research Student for Academic Year 2022

Applicant No.	*				_	Attach Photo		
Name				seal / signature	with taker	upper body photo out background, within 3 months date of submission.		
Date of Birth	(Year) (Month)	(Day)	Gender	Male • Female		(4cm × 3cm)		
	(D + 1 C 1)							
Permanent Address	(Postal Code)							
Current Address	(Postal Code) (Phone) (E-mail)							
Admissions	Completed / Expected to complete the master's program at							
	University on (Y/M/D)					/		
Qualifications Research Duration	• Other) on (1/11/2 <i>D</i>) <u> </u>	,	 		
	(Y / M / D) (Y / M / D)							
	From /	/ to	/	/	(months)		
Research Subject								

- 1. Do not fill in the column marked with a "*".
- 2. Attach a proof of payment of the application fee to the back of this form.

I consent to serve as the Research Advisor for the above-mentioned individual if the					
individual is admitted to the Graduate School as a research student.					
Date (Y/M/D)					
Expected Research Advisor	seal / signature				

<proof of="" payment=""></proof>						
(Paste the document certifying payment of application fee here.)						