

2027 年度会津大学研究生入学願書  
Admission Application for the University of Aizu  
Research Student for Academic Year 2027

|                                   |                                                                                                                                                                                                         |  |                                                                                                                                                           |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 受付番号<br>Applicant No.             | *                                                                                                                                                                                                       |  | 写真 Photo<br><br>正面上半身、背景なし、出願前 3 ヶ月以内に単身で撮影<br>Front upper body photo without background, taken within 3 months of the date of submission.<br>(4cm × 3cm) |
| フリガナ氏名<br>Applicant's Name        |                                                                                                                                                                                                         |  |                                                                                                                                                           |
| 入学資格<br>Admissions Qualifications | <input type="checkbox"/> 学士 Bachelor's degree<br>大学 / 機関名 Name of the university / institute<br><hr/> 卒業(見込)年月日 (Expected) Date of graduation (Y/M/D)<br><hr/> <input type="checkbox"/> その他 Other <hr/> |  |                                                                                                                                                           |
| 入学期<br>Admission Period           | 4 月                      •                      10 月<br>April                      •                      October                                                                                       |  |                                                                                                                                                           |
| 研究期間<br>Research Duration         | 年                      月まで<br>To: (Year/Month)                      /                                                                                                                                   |  |                                                                                                                                                           |
| 研究課題<br>Research Subject          |                                                                                                                                                                                                         |  |                                                                                                                                                           |

注：＊の欄は、記入しないこと。

Note: Do not fill in the column marked with a " \* ".

上記の者が研究生として入学許可された場合、指導教員を引き受けます。  
I consent to serve as the research advisor for the above-mentioned individual if the individual is admitted to the undergraduate school as a research student.

年 月 日  
Date (Y/M/D) \_\_\_\_\_

予定指導教員 氏名  
Prospective Research Advisor: Name \_\_\_\_\_

署名または押印  
Signature or seal \_\_\_\_\_