Admission Application for the University of Aizu   
Research Student for Academic Year 2021

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant No. | ＊ |  | | |  | Attach Photo  Front upper body photo  without background,  taken within 3 months  of the date of submission.  (4cm × 3cm) |
| Name | seal / signature | | | |
| Date of Birth | (Year) (Month) (Day) | | Gender | Male・Female |
|  |  |
| Permanent Address | (Postal Code) | | | | | |
| Current Address | (Postal Code)  (Phone)  (E-mail） | | | | | |
| Admissions Qualifications | ・Graduated / Expected to graduate  University on (Y/M/D) / /  ・Other | | | | | |
| Research Duration | (Y / M / D) (Y / M / D)  From / / to / / ( months) | | | | | |
| Research Subject |  | | | | | |

Notes

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 Undergraduate School as a research student.  Date (Y/M/D)  Expected Research Advisor seal / signature |

<Proof of payment>

|  |
| --- |
| (Paste the document certifying payment of application fee here.) |