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

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| Applicant No. | ＊ |  |  | Attach PhotoFront 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.

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| 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>

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