

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.

<p style="text-align: center;">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.</p> <p style="text-align: center;">Date (Y/M/D) _____</p> <p style="text-align: center;">Expected Research Advisor _____ seal / signature</p>

<Proof of payment>

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