Form 1 (Page 1)

## Application Form (Special Selection of Global Individuals in English)

Master's Program in Informatics, Degree Programs in Comprehensive Human Sciences Graduate School of Comprehensive Human Sciences, University of Tsukuba

Full Name     (1) In your native language	age		Photo 4cm × 5cm (1.6"×2")
Last Name	First Name,	Middle Name	, , , , , , , , , , , , , , , , , , , ,
(2) In English (Must be passport)	identical to the name (in Roman al	phabet) printed on your	
Last Name	First Name	Middle Name	
2. Nationality	3. Date of Birth	Sex  □ Male □ Female	Native Language
	Month Day Year A	Age	
4. Current Status (Name	and Address of University or Emp	loyer)	
□ Student □ Employed □ Unemployed □ Other	Name: Post code: Address: Tel: Fax: E-mail:		
5. Corresponding Addres			
	Post code: Address: Tel: Fax: E-mail:		
6. Contact information in	n case of emergency her than the one state above)		
(1 rease use audress of	Post code: Address: Tel: Fax: E-mail:		
	whom the examination's results sho	ould be sent	
	from the address given in #5) Post code: Address: Tel: Fax: E-mail:		
8. Name of prospective a Tsukuba)	cademic advisor (Faculty of Librar	ry, Information & Medi	a Science, University of
9. Research Topic			

## 10. Educational Background

Education	Name and address of school, major and title of diploma or degree awarded	Dates of entrance and graduation [Number of years attended]	Standard Duration of Program
Primary Education Primary School	Name	From Yr., Mon.	
	Address	То	
		Yr., Mon. [ Years]	<u>Years</u>
Secondary Education	Name	From Yr., Mon.	
Lower Secondary	Address	То	
School		Yr., Mon. Years]	<u>Years</u>
	Name	From Yr., Mon.	
Upper Secondary	Address	То	
School		Yr., Mon. Years]	<u>Years</u>
Higher Education Undergraduate	Name	From Yr., Mon.	
School	Address	То	
	Diploma or degree awarded	Yr., Mon. [ Years]	Years
Graduate School	Name	From	
	Address	To Mon.	
	Diploma or degree awarded	Yr., Mon. Years]	<u>Years</u>
Total number of year	s of education received	Years Years	Years
B : 1 C:	C. II. IC. Division of		
	on of studies, if any. Please indicate the reason.  Mon. $\sim$ Yr., Mon.		
(	Mon. $\sim$ Yr., Mon.		
	$\underline{\text{Mon.}} \sim \underline{\text{Yr.,}} \underline{\text{Mon.}}$		
(			

11. Employment records, beginning with the most recent position, if applicable.

Name and address of employer	Period of employment	Position	Type of work
	From ~ To		

Form	1	(Page	3
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nderstand that my application will be deemed invalid, lication documents.  Name of Applicant (Print)	, if there is found to be fraud or deception in the submitted
Signature	·
Date	,

Research Plan (English Program)
Master's Program in Informatics, Degree Programs in Comprehensive Human Sciences Graduate School of Comprehensive Human Sciences, University of Tsukuba

Name of Applicant	
	ng and your study plan in English (500 words maximum). If necessary, you may
describe additional information of	a separate A4/letter size sheet and attach it to this form.

Form 3

## Certificate of Payment of Examination Fee

Master's Program in Informatics, Degree Programs in Comprehensive Human Sciences Graduate School of Comprehensive Human Sciences, University of Tsukuba

Name of Applicant					
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Please attach the payment receipt below as indicated in Section 8-1 of the Guideline.