

Application Form(English Program)
Master's Program in Library, Information and Media Studies
Graduate School of Library, Information and Media Studies, University of Tsukuba

1. Full Name (1) In your native language _____ , _____ , _____ Last Name First Name Middle Name (2) In English (Must be identical to the name, in Roman alphabet printed on your passport) _____ , _____ , _____ Last Name First Name Middle Name		Photo 4cm × 5cm(1.6"×2")
2. Nationality	3. Date of Birth _____ Month Day Year Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Native Language	
4. Current Status (Name and Address of University or Employer) <input type="checkbox"/> Student Name: <input type="checkbox"/> Employed Postal code & Address: <input type="checkbox"/> Unemployed Tel: <input type="checkbox"/> Other E-mail:		
5. Corresponding Address Postal code & Address: Tel: E-mail:		
6. Contact information in case of emergency (Please write another contact address stated above) Tel: E-mail:		
7. Name and address to whom the examination's results should be sent (Enter only if different from the address given in #5) Name: Postal code & Address: Tel: E-mail:		
8. Name of prospective academic advisor (Faculty of Library, Information & Media Science, University of Tsukuba)		
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]	Duration of Program
Primary Educ. Primary School	Name Address	From ____ Yr., ____ Mon. To ____ Yr., ____ Mon. [_____ Years]	<u>Years</u>
Secondary Educ. Lower Secondary School	Name Address	From ____ Yr., ____ Mon. To ____ Yr., ____ Mon. [_____ Years]	<u>Years</u>
Upper Secondary School	Name Address	From ____ Yr., ____ Mon. To ____ Yr., ____ Mon. [_____ Years]	<u>Years</u>
Higher Education Undergraduate School	Name Address Diploma or degree awarded	From ____ Yr., ____ Mon. To ____ Yr., ____ Mon. [_____ Years]	<u>Years</u>
Graduate School	Name Address Diploma or degree awarded	From ____ Yr., ____ Mon. To ____ Yr., ____ Mon. [_____ Years]	<u>Years</u>
Total number of years of education received		_____ Years	<u>Years</u>
Periods of interruption of studies, if any. Please indicate the reason.			
From _____ Yr., _____ Mon. ~ _____ Yr., _____ Mon. (_____)			
From _____ Yr., _____ Mon. ~ _____ Yr., _____ Mon. (_____)			

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

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

I hereby submit my application for admission to the University of Tsukuba.
I understand that my application will not be accepted, if there is found to be fraud or deception in the submitted application documents.

Name of Applicant (Print)

Signature

Date

2018

Form 2

Certificate of Payment of Examination Fee
Master's Program in Library, Information and Media Studies (English Program)
Graduate School of Library, Information and Media Studies, University of Tsukuba

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

2018

Form 3

Research Plan
Master's Program in Library, Information and Media Studies (English Program)
Graduate School of Library, Information and Media Studies, University of Tsukuba

Name of Applicant	
<p>Describe your reasons for applying and your study plan in English (1,000 words maximum). If necessary, you may describe additional information on a separate A4/letter size sheet and attach it to this form.</p>	