

SPECIAL PROGRAM FOR INTERNATIONAL POSTGRADUATE STUDENTS  
IN THE GRADUATE SCHOOL OF SCIENCE AND TECHNOLOGY,  
KUMAMOTO UNIVERSITY

APPLICATION FORM

INSTRUCTION (記入上の注意)

1. Application should be typewritten in Roman.  
(記入はローマ字体を用いること。)
2. Numbers should be in Arabic Figures. (数字は算用数字を用いること。)
3. Year should be written in the anno Domini system. (年号は全て西暦とすること。)
4. Proper nouns should be written in full, and not be abbreviated.  
(固有名詞はすべて正式な名称とし、一切省略しないこと。)
5. Examination fee of 30,000 Yen should be enclosed, if application is for the private-expense students. (私費で出願する場合は、検定料 30,000 円を添えること。)
6. Enter below, the address for notifying the result of the selection.  
(合格通知書等の送付先を下記欄に記入のこと。)

Name ..... To :

Present address ..... :

SPECIAL PROGRAM FOR INTERNATIONAL POSTGRADUATE STUDENTS  
IN THE GRADUATE SCHOOL OF SCIENCE AND TECHNOLOGY,  
KUMAMOTO UNIVERSITY  
(PROGRAMS FOR MASTER'S COURSE)

2002年度熊本大学大学院自然科学研究科（博士前期課程）国際大学院コース入学申請書

## Department

- Department of Chemistry and Physics  
 Department of Mathematics and Computer Science  
 Department of Systems in Natural Environment

Field \_\_\_\_\_

Laboratory \_\_\_\_\_

Paste your passport  
photograph taken  
within the past 6  
months.

Write your name  
and nationality in  
block letters on the  
back of the photo.

写真 (6 × 4 cm)

1. Name in full, in native language (姓名 (自国語))

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (family name) (First name) (Middle name) (Sex)

In Roman block capitals (ローマ字)

- Male (男)  
 Female (女)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (family name) (First name) (Middle name) (Marital Status)

- Single (未婚)  
 Married (既婚)

2. Nationality

(国籍) \_\_\_\_\_

3. Religion

(宗教) \_\_\_\_\_

4. Date of birth

(生年月日)

Year 19 \_\_\_\_\_

,Month \_\_\_\_\_

,Day \_\_\_\_\_

,Age \_\_\_\_\_

5. Present status; with the name of the university attended, or of the employer.

(現職 (在学大学名又は勤務先名まで記入すること))

\_\_\_\_\_

6. Present address, telephone number and facsimile number (現住所、電話及びファクシミリ番号)
- 
- (Office):

\_\_\_\_\_ telephone number

\_\_\_\_\_ facsimile number

(Home):

\_\_\_\_\_ telephone number

\_\_\_\_\_ facsimile number

7. Permanent address (本籍)

\_\_\_\_\_

8. Application for Admission and Scholarship:

Applying for admission with Japanese Government (Monbukagakusho) Scholarship administered by the Graduate School of KUMAMOTO University.

Applying for admission with any other Scholarship, financial support or private-expense. Will you apply for admission with private-expense, if you are not admitted as Monbukagakusho scholarship Student.

Yes,  No.

9. Field of study specialized in the past: Describe in detail and as concretely as possible.

(過去に専攻した専門分野 (できるだけ具体的に詳細に書くこと))

10. Proposed study program in Japan; State the details of your major field of study and study programme. This item will be used as one of the most important references for selection.

Statement must be typewritten. Additional sheets of paper may be attached if necessary.

日本での研究計画 (この研究計画は、選考の重要な参考となるので、専攻分野、研究計画を詳細に記入すること。記入は、タイプ又はワープロによるものとし、必要な場合は別紙に追加してもよい。)

State in Japanese if you have sufficient knowledge of the Japanese language.

(相当の日本語能力を有する者は、日本語により記入すること。)

i) Field of study (専攻分野)

ii) Study program in detail (研究計画; 詳細に記入すること。)

iii) Name of the desired supervisor (希望する指導教官名を必ず記入すること。)

11. Educational background (学歴)

		Name and address of school (学校名及び所在地)	Officially required number of years of schooling	Year and month of entrance and completion (入学及び卒業年月)	Major subject (専攻科目)	Diploma or degree awarded (学位・資格)
Elementary Education (初等教育)	Elementary School (小学校)	Name (学校名)	yrs (年)	From (入学)		
		Location (所在地)		To (卒業)		
Secondary Education (中等教育)	Lower (中学)	Name (学校名)	yrs (年)	From (入学)		
		Location (所在地)		To (卒業)		
Secondary School (中学及び高校)	Upper (高校)	Name (学校名)	yrs (年)	From (入学)		
		Location (所在地)		To (卒業)		
Higher Education (高等教育)	Undergraduate Level (大学)	Name (学校名)	yrs (年)	From (入学)		
		Location (所在地)		To (卒業)		
Graduate Level (大学院)		Name (学校名)	yrs (年)	From (入学)		
		Location (所在地)		To (卒業)		
Total of the years schooling mentioned above. (以上を通算した全学校教育修学年数)			yrs(年)	yrs(年)		

\* In the case , the blank spaces above are not sufficient for information required, please accompany this form by an attached sheet.

((注)上欄に書ききれない場合には、適当に別紙に記入して添付すること。)

12. Employment Record; Begin with the most recent employment, if applicable. (職歴)

Name and address of organization (勤務先及び所在地)	Period of employment (勤務期間)	Position (役職名)	Type of work (職務内容)
	from to		
	from to		
	from to		

13. State the titles or subjects of books or papers (including graduation thesis authored by applicant), if any, with the name and address of publisher and the date of publication.  
(著書、論文 (卒業論文を含む)があればその題名、出版社名、出版年月日、出版場所を記すこと)

14. Japanese language background, if any (日本語の学習歴)

i) Name and address of institution (学習機関及びその住所)

\_\_\_\_\_

ii) Period of study: from 19 to 19, \_\_\_\_\_  
(学習期間) Year(年) Month(月) Year(年) Month(月) Years(年間)

iii) Name of teacher (教師名)

\_\_\_\_\_

iv) Japanese language proficiency: Evaluate your level and mark with an × where appropriate in the following categories.

(日本語能力を自己評価の上、該当欄に×印を記入すること)

	Excellent (優)	Good (良)	Poor (不可)
Reading (読む能力)			
Writing (書く能力)			
Speaking (話す能力)			

15. Foreign language proficiency: evaluate your level and mark with an × where appropriate in the following categories.

(外国語能力を自己評価の上、該当欄に×印を記入すること)

	Excellent (優)	Good (良)	Poor (不可)
English (英語)			
French (仏語)			
German (独語)			
Spanish (西語)			

16. Family background (家族状況)

Name (氏名)	Relationship (続柄)	Age (年齢)	Occupation (職業)	Address (住所)	* Check your accompanying dependents to Japan. (注) 渡日する場合、同伴 予定の家族には該当欄に ×印を記入すること
	Father (父)				
	Mother (母)				
	Spouse (配偶者)				

\* All expenses incurred by the presence of dependents must be borne by the grantee. He is advised to take into consideration the various difficulties and great expense that will be involved in finding living quarters for them.

(注) 同伴者に必要な経費はすべて留学生の負担であるが、家族用の宿舎を見つけることは相当困難であり、賃貸料も非常に割高になるので、あらかじめ承知されたい。

\* Is there anyone in your family who has been awarded or is applying for the Japanese Government Scholarship? If yes, please give his / her name.

(注) 家族の中に国費留学生に採用されている者、又は申請中の者があれば、その者の氏名を記すこと。

17. Have you been awarded the Japanese Government Scholarship in the past? If so, please give the period, the name of the university, etc.

(過去に国費留学生に採用されたことがあれば、その期間、受入れ大学名等を記すこと。)

1) Yes, I have. (ある)      Period (期間): \_\_\_\_\_  
University (大学名等): \_\_\_\_\_

2) No, I have not. (ない)      \_\_\_\_\_

18. Are you applying for other universities as Monbukagakusho Scholarship or other universities except Japan? If so, give the name (s) of university (ies), month, year, amount, etc.

(もし、他の大学に応募している場合は、その名前、期間、金額等を記すこと)

19. Person to be notified in applicant's home country, in case of emergency: (緊急の際の母国の連絡先)

i) Name in full (氏名) \_\_\_\_\_

ii) Address; with telephone number or cable address: (住所; 電話番号又はケーブルアドレスも記入すること)  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

iii) Occupation (職業) \_\_\_\_\_

iv) Relationship (本人との関係) \_\_\_\_\_

Date of application (申請年月日): \_\_\_\_\_

Applicant's signature (申請者署名): \_\_\_\_\_

Applicant's name in \_\_\_\_\_ :  
Roman block capitals (申請者氏名) \_\_\_\_\_

P L E D G E

(誓約書)

To: Monbukagaku-daijin (Minister of Education, Culture, Sports, Science and Technology, Government of Japan)

(文部科学大臣殿)

1. As a grantee of the Japanese Government (Monbukagakusho) Scholarship, I will pledge myself to observe the following articles.

(私は、日本政府 (文部科学省) 奨学金留学生として、次の事項を守ることを誓約します。)

(1) To refrain from violating any of the regulations of my university in Japan, and to do my best in my studies in order to achieve the aims of the scholarship.

(この奨学金の目的を果たすために、日本の大学における学則その他大学の定める規則に従い、最善を尽くして学習研究を行うこと。)

(2) To behave myself so that I may not disturb the social order in Japan and not to participate in any political activities (e. g. organizing a political party, attending political conferences, publishing political articles and declarations, organizing or participating in demonstrations of political intent, etc. ) .

(日本の社会秩序に違反しないよう行動すること。またいかなる政治活動 (政治的団体の結成、政治的目的をもつ会合への参加、政治的論文・宣言の発表、政治的目的をもつ大衆示威行動を組織し、あるいは参加すること等) も行わないこと。)

(3) To accept responsibility for expenses incurred beyond those covered by the scholarship granted by Monbukagakusho.

(文部科学省から支給される奨学金の額を超えて必要とする金額については、自己の責任において支弁すること。)

(4) To accept responsibility for payment of any debts I might incur in Japan.

(日本において債務を負った際は、自己の責任において弁済すること。)

2. If I am judged by Monbukagaku-daijin as having violated any of the articles above, or as having made a false statement on my application documents or as having been subject to disciplinary action by the university, or as having failed in my studies, I will not lodge any complaint regarding his judgment even though it involves the withdrawal of my award.

(上記の事項に違反した場合、申請書類の記載事項に虚偽が発見された場合、又は大学において懲戒処分を受け、若しくは成業の見込みがないと判断された場合には、文部科学大臣より奨学金の支給を取りやめられても、不服を申し立てません。)

Date : \_\_\_\_\_ , 2002  
                  day                  month                  year

Applicant's signature : \_\_\_\_\_  
(申請者署名)

Applicant's name in Roman block capitals : \_\_\_\_\_  
(申請者氏名)

CERTIFICATE OF HEALTH  
(to be completed by the examining physician)  
(健康診断書)

Please fill out (PRINT / TYPE) in Japanese or English. 日本語又は英語により明瞭に記載すること

Name : \_\_\_\_\_  Male (男) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Family name, First name, Middle name (生年月日) (年齢)  
 氏 名  Female (女)

1. Physical Examinations (身体検査)

(1) Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg  
 (身長) (体重)

(2) Blood pressure \_\_\_\_\_ ~ \_\_\_\_\_ Pulse rate \_\_\_\_\_ / min  regular (整)  
 血圧 脈拍数 分  irregular (不整)

(3) Eyesight (視力) : (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 without glasses (裸眼) with glasses or contact lenses (矯正)

colour blindness     
 色覚異常の有無 (+) (±) (-)

(4) Hearing :  normal (正常) Speech:  normal (正常)  
 聴力  impaired (低下) 言語  impaired (異常)

2. Please describe the results of Physical and X-ray examinations of applicant's chest, also note the exact date of X-ray (X-ray taken more than 6 months prior to the certification is NOT valid).

申請者の胸部について、聴診と X 線検査の結果を記入して下さい。X 線検査の日付も記入すること (6ヶ月以上前の検査は無効)。

Date \_\_\_\_\_

Film No. \_\_\_\_\_

Cardiomegaly :     
 (+) (±) (-)

3. 既往症

Past history : Please indicate with + or -

Tuberculosis... Malaria... Rheumatic fever... Epilepsy...

Renal disease... Cardiac diseases... Diabetes... Allergy...

Mental disorder... Functional disorder in extremities...

Other communicable disease...



4. Laboratory tests (検査)

食後尿 Urinalysis (post-prandial) : glucose (            ), Protein (            ), occult blood (            )  
 赤沈 ESR :            mm/Hr, WBC count            /c mm, Hemoglobin :            gm/dl, SGPT :

Differential	Baso	Eosino	Neutro	Lympho	Mono	Others
%						

5. Please describe your impression. (診断医の印象を述べて下さい。)

- |   | yes                      | no                       | not known                |
|---|--------------------------|--------------------------|--------------------------|
| (a) Is the applicant emotionally stable?<br>(志願者は感情面で安定していますか?)                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Does the applicant appear to have a normal behaviour pattern?<br>(志願者の行動パターンは正常な範囲ですか?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Does the applicant appear to have a normal personality?<br>(志願者の性格は正常な範囲ですか?)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue intended study in Japan?

志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われませんか？

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Date : \_\_\_\_\_ Signature : \_\_\_\_\_  
 (日付) \_\_\_\_\_ (署名) \_\_\_\_\_

Physician's name in print : \_\_\_\_\_  
 (医師氏名)

Office/Institution : \_\_\_\_\_  
 (検査施設名)

Address : \_\_\_\_\_  
 所在地