

International Course in Management of Civil Infrastructure in Department of Civil and  
Earth Resources Engineering  
and  
International Course in Urban and Regional Development in Department of Urban  
Management  
Graduate School of Engineering, Kyoto University

## Application Form for Eligibility Screening, 2020

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### 1. NAME

\_\_\_\_\_ (Family name)      \_\_\_\_\_ (First name)      \_\_\_\_\_ (Middle name)

2. Male \_\_\_\_\_ Female \_\_\_\_\_

3. NATIONALITY \_\_\_\_\_

### 4. DATE OF BIRTH

\_\_\_\_19 \_\_\_\_\_ (Year)      \_\_\_\_\_ (Month)      \_\_\_\_\_ (Day)      \_\_\_\_\_ (Age: as of April 1, 2020)

### 5. CURRENT CONTACT DETAILS

Address : \_\_\_\_\_

\_\_\_\_\_

E-mail address : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

**6. EDUCATIONAL BACKGROUND**

	Name of school	Dates: from–until	Years attended	Standard years required for graduation/completion
Elementary education		From year            month To year            month	years	years
Secondary education		From year            month To year            month	years	years
Higher education		From year            month to year            month	years	years
Undergraduate education		From year            month year            month	years	years

**7. EMPLOYMENT RECORD**

Name of Company/ Organization	Dates: from–until
	From year            month To year            month
	From year            month To year            month
	From year            month to year            month

**8. REFERENCE INFORMATION**

Please describe any additional academic activities which relate to admission to the Graduate School of Engineering, Kyoto University (e.g. research activities or contributions to academic society etc.).

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**9. STUDY AREA**

Enter the number (1 to 45) of the area in which you wish to study and the name of the supervisor from whom you wish to receive supervision by referring to the table in section II. **Study areas** in the guidelines. Applicants should contact their chosen supervisor prior to submitting the application documents.

Study area No.	Name of supervisor

Date : \_\_\_\_\_

Signature of supervisor : \_\_\_\_\_