and

International Course in Urban and Regional Development in Department of Urban Management

Graduate School of Engineering, Kyoto University

Application Form for Admission, 2020

(First name)	(Middle name)
(First name)	(Middle name)
	Please paste Photograph (taken within the
	last six months)
	Width: 3 cm Height: 4 cm
Age: as of April 1, 2020)	
	Age: as of April 1, 2020)

5. NAME OF UNIVERSITY A	ND DEPARTMENT	Γ	(Form 1)
University:			
Department:			
☐ Graduated in			
☐ Will graduate in			
	(Year)	(Month)	
6. NAME OF GRADUATE SC	HOOL AND DEPA	RTMENT	
Graduate school:			
Department:			

(Month)

☐ Graduated in
☐Will graduate in
_____(Year)

 $\hfill\Box$ Graduated in

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Educational and Vocational Background For Admission in 2020

1. Education (list in order, from elementary school to the last school you attended. Periods of absence from school and periods of military service should also be indicated, if applicable.)

Year and Month of entrance and completion	Years attended	Name of institution	Standard years required for graduation/completion
Enrolled in			
Year Month			7,000
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			T/0.000
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			Voors
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			Voors
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			Voors
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			Vegre
Graduated / Completed / Left in	years		years
Year Month			

2. Employment History (include companies/organizations from which you retired, from which you are temporarily absent or in which you are currently working)

Perio	od of employment	Name of company/organization	Position or job duties
From			
Year	Month		
То			
Year	Month		
From			
Year	Month		
То			
Year	Month		

Note: Please list complete educational and employment history, without omission.

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Letter of Recommendation for Admission, 2020

Name of applicant:		
•		
(Family)	(First)	(Middle)
Address:		
= mail:		
2-111a11.		
2-man		
5-111d11		
z-man		
		RTY
TO BE COMPLETED F	BY THE RECOMMENDING PA	RTY led envelope, signed across the envelope seal.
TO BE COMPLETED E Upon completion, please ret	BY THE RECOMMENDING PA urn this form to the applicant in a seal ant	led envelope, signed across the envelope seal.
TO BE COMPLETED E Jpon completion, please ret Familiarity with the applic	BY THE RECOMMENDING PA urn this form to the applicant in a seal ant	
TO BE COMPLETED E Jpon completion, please ret Familiarity with the applic	BY THE RECOMMENDING PA urn this form to the applicant in a seal ant ship with the applicant?	led envelope, signed across the envelope seal.
TO BE COMPLETED E Jpon completion, please reta Familiarity with the applic What is your relations How long have you known	BY THE RECOMMENDING PA urn this form to the applicant in a seal ant ship with the applicant?	Teacher/Professor □ Other

Please provide a descripti assessment of how this app					y. In this reg	ard, please inclu
			<u> </u>			
Please comment on the all important and relevant to h			inadequacies a	and any other	remarks tha	t you may feel a
(If necessary, please write on a s	separate sheet a	and attach to	this form)			
Appraisal						
Please make an appraisal of the				below. Rate t	he applicant	in comparison w
other students in the same field	whom you hav	e known or ta	aught.			
	Outstanding	Excellent	Good	Fair	Poor	Unable to
	(Top 5%)	(Top10%)	(Top Third)	(Middle Third)	(Bottom Third)	judge
Intellectual Ability				Tillia)	Tilliu)	
Analytical Ability Ability in Oral Expression						
Ability in Written Expression						
Ability to Work with Others						
Persistence/ Drive						
Originality/ Creativity						
Overall Recommendations: Strongly recommended	Recommende	d □ Reco	mmended with	reservations	□ Not reco	ommended
Name of recommending party:						
Position/Title:						
Affiliation:						
Address:						
Γelephone Number:		F	ax Number:			
E-mail Address:						
Signature				Date		

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Remittance Certificate of Application Fee for Admission, 2020

Name of applicant:		
Please paste the printed "Result" page for application fees here.		

(Name of Applicant)	(Form 5a)
(Address & postal code as of early July 2019)	
(Name of Applicant)	(Form 5b
(Address & postal code as of early September 2019)	
(Name of Applicant)	(Form 5c)
(Address & postal code as of early March 2020)	

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Questionnaire for Submission of English Test Scores for Admission in 2020

Name of applicant:		
Please check and fill in the	appropriate sections below.	
TOEFL-iBT	Date of examination:	Score:
ordered that the officia Onli Onli	attached a copy of my Test Taker (Examinal Score Report be sent to Kyoto University ne at the time of Registration ne Order date: or Postal Mail Order date:	y by the following method.
IELTS I (applicant) have orde on(Date of examination:red that the official score report be sent to order date).	
TOEFL-PBT	Date of examination:	Score:
following method Orde	ordered that the official Score Report be ered at the Examination Site phone or Postal Mail Order date:	
TOEIC Listening and R	eading Test Date of examination:	Score:

Note:

- Applicants who have taken TOEFL must submit Test Taker (Examinee) Score Report attaching to this form, while ordering Official Score Report well in advance so that Kyoto University can confirm their official score by "View Score Online" system
- IELTS official score reports must reach Kyoto University by <u>July 29, 2019</u>. Applicants must therefore make a request to the test center to send the official score report to Kyoto University well in advance.

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Letter of English Proficiency Statement

Chair, Department of Civil and Earth Resou Chair, Department of Urban Management, Graduate School of Engineering Kyoto University	rces Engineering,	
I, the undersigned, hereby state that I am a r	native English speaker.	
	Year	Month Date
	Family Name	First Name
	Signature	

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Preferred Study Area and Supervisor for Admission in 2020

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. Prior to submitting the application documents, applicants should contact their chosen supervisor and the form must be signed by the supervisor.

	Study area No.	
	Name of supervisor	
Date		Name of applicant
	Sig	nature of supervisor