and

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

Graduate School of Engineering, Kyoto University

Application Form for Admission, 2017

1. NAMI	E			
In native l	anguage:		, , , (First name)	
	(Fa	amily mame)	(First name)	(Middle name)
In Roman	block capitals:_	(Family name)	(First name)	,(Middle name)
		(runniy nume)	(1 Hot nume)	(ivildate name)
2. NATIO	ONALITY			Please paste Photograph (taken within the
Nationali	ty:			last six months)
				Width: 3 cm
3. DATE	OF BIRTH			Height: 4 cm
19				
(Year)	(Month)	(Day)	(Age: as of April 1, 2017)	
		ACT DETAILS		
11	<u> </u>			
E	-mail address:_			
Te	elephone numb	oer:		_
F	av number:			

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)

 $\hfill\Box$ Graduated in

☐Will graduate in ____

(Year)

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Educational and Vocational Background For Admission in 2017

Name of Applicant:	
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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	Name of institution	Minimum period required for graduation/completion
Enrolled in		
Year Month		Vears
Graduated / Completed / Left in		years
Year Month		
Enrolled in		
Year Month		Voors
Graduated / Completed / Left in		years
Year Month		
Enrolled in		
Year Month		¥10.0#8
Graduated / Completed / Left in		years
Year Month		
Enrolled in		
Year Month		710.040
Graduated / Completed / Left in		years
Year Month		
Enrolled in		
Year Month		710.040
Graduated / Completed / Left in		years
Year Month		
Enrolled in		
Year Month		
Graduated / Completed / Left in		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	d of employment	Name of company/organization	Position or job duties	
From				
Year To	Month			
Year From	Month			
Year To	Month			
Year	Month			

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

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Letter of Recommendation for Admission, 2017

Name of applicant:		
(Family)	(First)	(Middle)
Address:		
- ·1		
년-mail:		
E-mail:		
≝-mail:		
TO BE COMPLETED	BY THE RECOMMENDING PA	
TO BE COMPLETED	BY THE RECOMMENDING PA	RTY led envelope, signed across the envelope seal.
TO BE COMPLETED Upon completion, please re Familiarity with the appli	BY THE RECOMMENDING PA turn this form to the applicant in a seat	
TO BE COMPLETED Upon completion, please re Familiarity with the appli	BY THE RECOMMENDING PA turn this form to the applicant in a seat cant ship with the applicant?	led envelope, signed across the envelope seal.
TO BE COMPLETED Jpon completion, please re Familiarity with the appli What is your relation	BY THE RECOMMENDING PA turn this form to the applicant in a sear cant ship with the applicant?	led envelope, signed across the envelope seal. Teacher/Professor □ Other

 Please provide a descripti assessment of how this app 					y. In this reg	gard, please inclu
Please comment on the ap important and relevant to h			inadequacies a	and any other	remarks tha	at you may feel a
	8					
(If necessary, please write on a s	separate sheet a	and attach to	this form)			
	•					
Appraisal Please make an appraisal of the	applicant in to	erms of the q	ualities listed	below. Rate t	he applicant	in comparison w
other students in the same field					••	•
	Outstanding	Excellent	Good	Fair	Poor	Unable to
	(Top 5%)	(Top10%)	(Top Third)	(Middle Third)	(Bottom Third)	judge
Intellectual Ability				Tillia)	Tillia)	
Analytical Ability Ability in Oral Expression						
Ability in Written Expression						
Ability to Work with Others Persistence/ Drive						
Originality/ Creativity						
						<u>. </u>
Overall Recommendations: ☐ Strongly recommended ☐	Recommende	d □ Reco	mmended with	reservations	☐ Not reco	ommended
Name of recommending party:						
Position/Title:						
Affiliation:						
Address:						
elephone Number:		F	ax Number:			
E-mail Address:			_			
Signature				Date		

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Remittance Certificate of Application Fee for Admission, 2017

Name of a	pplicant:
•	
I	Please paste the original receipt of bank
	ransfer for application fees here.
	ransfer for application feet nere.

(Name of Applicant)	(Form 5:
(Address & postal code as of early July 2016)	
(Name of Applicant)	(Form 5
(Address & postal code as of early September 2016)	
	(Form 5
(Name of Applicant)	
(Address & postal code as of early March 2017)	

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Questionnaire for Submission of English Test Scores for Admission in 2017

Name of applicant:		
Please check and fill in t	he appropriate sections below.	
TOEFL-iBT	Date of examination:	Score:
the official Score Re	re attached a copy of my Examinee Score eport be sent to Kyoto University by the formuline at the time of Registration order date: or Postal Mail Order date:	ollowing method.
IELTS I (applicant) have or	Date of examination: rdered that the official score report be sent (order date).	
TOEFL-PBT	Date of examination:	Score:
following method.	ve ordered that the official Score Report by the redered at the Examination Site elephone or Postal Mail Order date:	
TOEIC	Date of examination:	Score:

Note:

- Applicants who have taken TOEFL must submit 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 25, 2016</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
	Nationality	
	Family Name	First Name
	Signature	

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Preferred Study Area and Supervisor for Admission in 2017

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	
	Sign	nature of supervisor	