and

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

Graduate School of Engineering, Kyoto University

Application Form for Admission, 2020

1. NAME

In native language:		,,	
	(Family name)	(First name)	(Middle name)
in Roman block capit	(Family name)	, (First name)	, (Middle name)
2. NATIONALITY	7		Please paste Photograph (taken within the
Nationality:			last six months)
3. DATE OF BIRT	Ή		Width: 3 cm Height: 4 cm
19			
(Year) (Mont	h) (Day)	(Age: as of April 1, 2020)	
4. CURRENT COM			
_			
E-mail addre	ess:		
Telephone n	umber:		
Fax number:	:		

5. NAME OF UNIVERSITY AND DEPARTMENT

University:				
Department:				
□ Graduate	ed in			
🗆 Will gra	aduate in			
	(Year)		(Month)
6. NAME OF GRAI		DL AND DEPAI		
Oracuate Scho	. <u> </u>			
Department:				
\Box Graduated in \Box Will graduate in _				
	(Year)	((Month)	

(Form 1)

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Educational and Vocational Background For Admission in 2020

Name of Applicant:

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			VOOTS
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			
Graduated / Completed / Left in	years		years
Year Month			
Enrolled in			
Year Month			
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	d 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

TO BE COMPLETED BY THE APPLICANT

Application for admission requires recommendation from a person well acquainted with your intellectual ability and personality. Please fill in the upper portion of this page (your name, address and e-mail) and give it to the person who will be recommending you.

Name of applicant:

(Family)	(First)	(Middle)	_
Address:			
E-mail:			

TO BE COMPLETED BY THE RECOMMENDING PARTY

Upon completion, please return this form to the applicant in a sealed envelope, signed across the envelope seal.

Fami ≻	liarity with the applicant What is your relationship with the applicant?	□ Teacher/Professor	□ Other	
\triangleright	How long have you known the applicant?	years	months	
≻	How often do you meet the applicant? \Box Daily	Weekly \Box W	<i>I</i> onthly	□ Rarely
\triangleright	What was the nature of your interactions with the appl	icant?		

Please provide a description of the applicant's qualifications for graduate study. In this regard, please include ≻ assessment of how this applicant compares to others whom you have taught.

Please comment on the applicant's aptitudes and/or inadequacies and any other remarks that you may feel are important and relevant to his graduate school study.

(If necessary, please write on a separate sheet and attach to this form)

Appraisal

Please make an appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students in the same field whom you have known or taught.

	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to judge
Intellectual Ability				Third)	11110)	
Analytical Ability						
Ability in Oral Expression						
Ability in Written Expression						
Ability to Work with Others						
Persistence/ Drive						
Originality/ Creativity						

Overall Recommendations:

□ Strongly recommended	□ Recommended	\Box Recommended with reservations	□ Not recommended
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Name of recommending party:

Position/Title:

Affiliation:_____

Address:

Telephone Number:_____ Fax Number:_____

E-mail Address:

Signature

and

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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.

(Form 5a)

(Name of Applicant)

(Address & postal code as of early July 2019)

(Name of Applicant) (Form 5b) (Address & postal code as of early September 2019)

(Form 5c)

(Name of Applicant)

(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	10 0	
IELTS I (applicant) have orde on (red that the official score report	Score: be sent to Kyoto University
TOEFL-PBT	Date of examination:	Score:
following method. OrdeTele	ered at the Examination Site phone or Postal Mail Order of	
TOEIC Listening and R	eading Test Date of examination	n: 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 Resources Engineering, Chair, Department of Urban Management, Graduate School of Engineering Kyoto University

I, the undersigned, hereby state that I am a native English speaker.

Year Month Date
Nationality
Family Name First Name

Signature

and

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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 _____

Signature of supervisor _____