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, 2024

| 1. NAME | | | |
|------------------|---------|-----------|----------------------------|
| (Family name) | (Fi | rst name) | (Middle name) |
| 2. Male | Female | | |
| 3. NATIONALITY | | | |
| 4. DATE OF BIRT | Ή | | |
| (Year) | (Month) | (Day) | (Age: as of April 1, 2024) |
| 5. CURRENT CO | | LS | |
| Address : | | | |
| | | | |
| | | | |
| E-mail address:_ | | | |
| Telephone : | | | Fax : |
| | | | |

Form A

6. EDUCATIONAL BACKGROUND

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

7. EMPLOYMENT RECORD

| Name of Company/ Organization | C | Dates: from–until |
|-------------------------------|------|-------------------|
| | From | |
| | year | month |
| | То | |
| | year | month |
| | From | |
| | year | month |
| | То | |
| | year | month |
| | From | |
| | year | month |
| | to | |
| | year | month |

(Only required by applicants who undergo eligibility screening)

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.).

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 : _____