Form 2

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| Student ID No. |  |

Application Form

for the PQBA Program

(Photo)

Passport style photo taken

in the past 3 months.

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| Application No. | \*Please leave this field blank. |
| Date: 　　　　　　　　　To the President of Osaka University: I hereby apply for the Multidisciplinary PhD Program for Pioneering Quantum Beam Application and have submitted the required application documents.Full Name (first/middle/family)　 　 Male / FemaleDate of Birth: / /  (Year) (Month) (Day) |
| Name of graduate school & department | Graduate School | Department |
| Title of Research |  |
| Personal Information: |
| Address | （Zip code　 　–　　 　　）　 Phone （　　　）　　　　–　 |
|  |
| Mobile Phone | （　　　）　　　　–　 | Nationality |  |
| Email | 　　　　　 　@ | Email address with “osaka-u.ac.jp” |
| Emergency Contact: |
| Name |  | Relationship |  |
| Address | （Zip code　 　　–　　 　　）　 Phone （　　　）　　　　–　 Mobile Phone （　　　）　　　　–　 |
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 Form 2

Notes:

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| Date | Education |
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| Date | Work Experience |
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| Date | Academic Awards |
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| Date | License and Qualifications |
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1) Please write in Japanese or English.

2) Please do not add pages or change the page format.