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 / Female  Date of Birth: / /  (Year) (Month) (Day) | | | | | | | | |
| Name of graduate school & department | | | Graduate School | | | Department | | |
| Graduate grade | | | Select your grade | | | Time of  Enrollment | | Select your time of enrollment here |
| Title of Research | | |  | | | | | |
| Personal Information: | | | | | | | | |
| Address | （Zip code　 　–　　 　　）　 Phone （　　　）　　　　– | | | | | | | |
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| 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.