(For applicant eligibility screening)

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| ReferenceNumber | ※ |

Applicant Eligibility Screening Request

Year: 　　Month: 　　Date :

To : The President, Oita University

Name　　　　　　　　　　　　　　 [personal seal]

Date of Birth

Current Address

Post Code

Telephone

E-mail

I hereby request to be considered for eligibility to apply for admission to the Doctoral Program in the Oita University Graduate School of Science and Technology, as detailed below. Necessary documentation is attached.

Preferred year of enrollment :　 (Spring / Fall)

　　(Attached Forms)

Applicant Eligibility Screening Information Form

Statement of Research Achievements

Graduation Certificate for highest level of educational attainment

Academic papers and other materials: Number of volumes/items:

Note : Sections marked※are for university use only.