

2013年9月/2014年4月入学 早稲田大学  
大学院 基幹・創造・先進理工学研究科  
外国学生AO入学試験 入学願書

Application No.\*

\*Office Use Only

Application Form for Admission to Graduate Schools of Waseda University,  
Admission to International Graduate Program (September 2013 and April 2014 Entrances)

Paste only on the top of the two additional photos.

Paste a recent color  
passport sized  
photograph  
measuring 3 cm by 4 cm

Paste a recent color  
passport sized  
photograph  
measuring 3 cm by 4 cm

## < I > Applicant information

Name in Alphabet (Family) (First) (Middle)

Name in Katakana \*if any

Name in Chinese characters / Kanji, \*if any

Nationality Date of birth 19 / / (year / month / day)

☐ Domestic Applicant

Gender ☐ Male

☐ Overseas Applicant

☐ Female

Home address

Present address (Tel. )

E-mail address (Mobile )

Paste a recent color  
passport sized  
photograph  
measuring 3 cm by 4 cm

## < II > Desired field of study at graduate school

Graduate School * <input checked="" type="checkbox"/> your desired school	Department	Research Instruction	Name of supervisor	Application code (three-digit)
<input type="checkbox"/> Fundamental Science and Engineering			Main-supervisor	
<input type="checkbox"/> Creative Science and Engineering				
<input type="checkbox"/> Advanced Science and Engineering			Vice-supervisor *if any	

Note: 1) For the name of supervisor, research instruction and application code; refer to the "List of Areas of Research & Faculty Directory".

2) If you are applying to become a research student and you do not wish to receive research instruction, you can leave research instruction, name of supervisor, and application code blank.

## < III > Desired Programs \*Circle your desired program

Master's Program	Degree Program	
	Non Degree Program (Research Student / Master's Program Equivalent)	—
Doctoral Program	Degree Program	
	Non Degree Program (Research Student / Doctoral Program Equivalent)	—

## < IV > International Student Category \*☒ your category

☐ Privately financed international student

☐ Scholarship student expected to receive a scholarship in the amount equivalent of tuition

→ ☐ MEXT scholarship student

→ ☐ Ting Hsin International Group, Tinghyi (Cayman Islands) Holding Corp. Scholarship

→ ☐ Other scholarship

(Name of the scholarship foundation: )

☐ Other ( )

## < V > Desired period of admission

☒ April 2014

<VI> Educational background

Note: 1) List all schools attended (including primary school, language schools, etc.) in chronological order.  
2) If you have more information to add but have run out of space on the form below, you can attach extra details on a separate sheet of paper.

Name of school	Location of school	Period of attendance				Degree
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
			to			
		(year)	(month)	(year)	(month)	
Total years education						

Foreign Language Study (including Japanese language courses)

	Foreign language	Period of study (Years)	Institution
1.			
2.			
3.			

日本語能力（熟達程度を自己評価し，○でかこむこと）  
Japanese Proficiency (Evaluate yourself and circle the appropriate one.)

読解力	優	良	可	不可
Reading	Excellent	Good	Fair	Poor
会話力	優	良	可	不可
Speaking	Excellent	Good	Fair	Poor
筆記力	優	良	可	不可
Writing	Excellent	Good	Fair	Poor
理解力	優	良	可	不可
Understanding	Excellent	Good	Fair	Poor

日本語学習に使用した本を記入すること。  
List the Japanese language textbooks used.

## 〈VI〉 Other Information

## Occupational experience

Name of company and / or employer	Location(Country ▪ Region/City)	Period of employment

**Military service etc.**

☐ Completed  $\left( \frac{\text{from} \quad / \quad \text{to}}{\text{Year} \quad / \quad \text{Month}} \quad \text{Year} \quad / \quad \text{Month} \right)$  ☐ Yet to be done  
☐ No obligatory military service

**Family** (Fill in information about your family members.)

Relationship	Full name in Alphabet	Age	Occupation

Contact person residing in Japan *\*if any*

Full name in Alphabet or Kanji ..... Relationship .....

Address ..... (Tel. ....)

Occupation (in detail) \_\_\_\_\_ (Tel. \_\_\_\_\_)

# Research Plan at Waseda University

Research Topic: \_\_\_\_\_

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Name			Note:  You do not need to submit this form if you are applying to become a research student (master's equivalent) and do not wish to receive research instruction.
Name of Research Instruction			
Name of supervisor	Main-supervisor		
	Vice-supervisor <i>*if any</i>		
Application code (three-digit)			

Note: You can make copies of this form and attach a second page if you need more space.

※For the name of supervisor, research instruction and application code; refer to the "List of Areas of Research & Faculty Directory".

留学にかかる経費負担計画書  
Statement of Financial Resources

氏名 Name in full	国籍 Nationality
研究科 Name of Graduate School *	出願課程 Course *
<input type="checkbox"/> Fundamental Science and Engineering <input type="checkbox"/> Creative Science and Engineering <input type="checkbox"/> Advanced Science and Engineering	<input type="checkbox"/> Master's Program <input type="checkbox"/> Doctoral Program

\*☒ your desired.

あなたが早稲田大学に留学する間の総費用の支出元を明記してください。  
Please indicate below your source and amount of funding for your study at Waseda University.

支出元 Sources of Funds	金額（単位：円） Amount (Japanese yen)
個人貯蓄    Personal savings	¥ _____
両親または親戚    Parent or relative (関係： ) (Please specify the relation: )	¥ _____
政府またはその他財団    Government / sponsoring agency (名称： ) (The name of your sponsor: ) * 奨学金受給証明書のコピーを提出してください。 * Please attach a copy of scholarship award letter.	¥ _____
その他    Others (詳細： ) (Please specify the details: )	¥ _____
<b>TOTAL:</b>	¥ _____

上記に示しました内容に相違ないことを誓約いたします。

I hereby certify that all information on this statement is true and accurate and that the stated funds are available for my educational expenses at Waseda University.

志望者氏名  
Student's signature

日付			
Date	2013		
	Year	Month	Date

Waseda University

Application No.\*

*\*Office Use Only*

## Request Form for Return of Submitted Materials

Date of Request: : 2013  
Year Month Date

Applicant's Name :  
(Family) (Given & Middle)

If you would like us to return any submitted materials, carefully read the statement below and provide your legal signature.

I request the return of the materials listed below. I understand and agree that Waseda University has no responsibility for lost or damaged materials.

Applicant's Signature :  
Seal (if available)

※Please put an "X" in the appropriate boxes.

- ☐ Original Certificate of Graduation  
☐ Original Certificate of Degree

☐ Others (Please give details of the materials.)

※We will NOT return academic transcripts, recommendation letters, or other score reports, etc. able to be reissued.

Reason for requesting return:

Applicant's name	
Address	
Telephone Number	

早稲田大学 理工学術院  
Waseda University  
Faculty of Science and Engineering

**書留速達**  
**Registered Express**

1 6 9 - 8 5 5 5

東京都新宿区大久保 3－4－1  
早稲田大学理工学術院  
理工センター 総務課 大学院入試 係  
Graduate Admissions Office  
Center for Science and Engineering, Waseda University  
3－4－1 Okubo Shinjuku-ku,  
Tokyo 169-8555, Japan

差出人 Sender

氏名

Full Name:

住所

Present Mailing Address:

国

Country:

郵便番号

Postal Code:

電話番号

Telephone Number:

志願者氏名

Applicant's Full Name:

Application for Graduate Schools Admission  
" Admission to International Graduate Program"  
Enclosed April 2014 Entrance

2014/4 入学  
外国学生 A O 入試 出願書類在中

E-mail Address:

志望研究科

Graduate School of your choice: