

**Osaka University**

**International Certificate Program (OUICP)**

**Application Form 2024-2025**

(This sheet forms the cover of the application package.)

Date (Day/Month/Year):

Name of Applicant:

Home Institution:

|  |
| --- |
| **Check List** (Check in the boxes provided.)These documents are required when submitting documents to the OUICP application system called “T-cens” by September 5th. Please proceed with preparations such as issuing the certificate first.Please check with the OUICP lecturer at Osaka University about which documents you need to prepare for your pre-matching (to find a host laboratory at Osaka University in advance).1. A completed application form **(Form: OUICP Application)**
2. A study plan **(Form: FORM L&M\_OUICP Practical Study Abroad Application1 & 2)**
3. A statement of purpose **(Form: FORM A\_Statement Of Purpose)**
4. Career Goal**（Form: FORM B\_OUICP\_CareerGoal）**
5. Course Registration List
6. Reference Letteｒ**（Form: OUICP\_ReferenceLetter）**
7. A current/latest transcript of the applicant’s academic record（The certificate must be in English or an English translation with an official signature.）
8. A certificate on English language proficiency
9. A certificate of enrollment（The certificate must be in English or an English translation with an official signature.）
10. Copy of your passport
11. Scholarship\_Application**(Form: OU\_ASEAN\_Campus\_Scholarship\_Application)**
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**OUICP Application**

Paste a clear photograph here (3×4cm), taken within the last 6 months

**Note:**

* Please type or print.
* Please fill out in English with all non-English scripts (names, etc.) romanized.
* Numbers should be Arabic numerals.
* Years should be written according to the Western calendar.
* Proper nouns should be written in full, no abbreviations.

**Section 1: Personal Details**

|  |  |
| --- | --- |
| 1. Name exactly as shown in your passport
 |  |
|  |  |  |  |  |  |
| Family Name | First Name | Middle Name |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Nationality
 |  | 1. Sex
 | 1. Date of Birth
 |
|  |  | ☐ Male | ☐ Female |  |  |  |  |  |  |
|  |  |  |  Day |  Month |  Year |

1. Present Mailing Address

|  |
| --- |
| Address: |
| Tel: |  | Fax:  |  | E-mail:  |

1. Permanent Address

|  |
| --- |
| Address: |
| Tel:  |  | Fax:  |  | E-mail:  |

1. Person to be notified in case of emergency

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Tel: |  |
| Contact Address: |  | E-mail: |  |

1. Home Institution/ Company name

|  |  |
| --- | --- |
| Institution / Company Name: |  |
| Department: |  |  |
| Major Field of your study: |  |  |
| Address |  |  |

Course: □Undergraduate Grade: □1st

 □Master □2nd

 □Doctor □3rd

 □Other( ) □4th

 □Other( )

**Expected graduation / completion date at home institution**

○○ /○○/ ○○○○

Day 　Month 　Year

1. Educational Background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Name and location of institution and country name | Degrees earned | Entrance | Completion |
| Month | Year | Month | Year |
| University/College | Major:  |  |  |  |  |  |
| Previous | Major:  |  |  |  |  |  |

1. Job history (if applicable)

|  |
| --- |
|  |

**Section 2: Language**

1. Language Self Evaluation (Check the appropriate box.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Native Language | Excellent | Good | Fair | Poor |
| Japanese | ☐ | ☐ | ☐ | ☐ | ☐ |
| English | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Others: Specify) | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Language Qualification

If you have a certificate of language, such as TOEFL, IELTS or JLPT (Japanese Language Proficiency Test), specify the details below.

|  |  |
| --- | --- |
| (1) Name of the test: |  |
| (2) Date of the test: |  |
| (3) Score / Classification: |  |

Participants are recommended to have a high proficiency in spoken and written English as shown below.

TOEFL iBT 80 / IELTS 6.0 or higher

Cambridge English with CEFR B2 level or higher

Alternatively, a proof confirming the candidate’s medium of instruction in education was in English.

**Section 3: Study at Osaka University**

1. Program

**Please mark the program you would like to get enrolled in.**

|  |  |
| --- | --- |
| **Program Name** | **Mark**  |
| **Halal Science, Technology and Innovation (HaSTI)** | ☐ |
| **Advanced Industrial Biotechnology** | ☐ |
| **Nanoscience and Nanotechnology as Manufacturing Core** | ☐ |
| **Frontier Engineering Science: An Introduction through STEM-Centered Learning** | ☐ |
| **Introduction to Computational Materials Design** | ☐ |
| **Frontiers in Medical Physics and Medical Imaging** | ☐ |

1. School/Graduate School(Please consult the OUICP lecturer when completing this field.)
	* Please specify AT LEAST THREE (or a few more if you wish) research groups, departments, or faculty members that you are interested in working with.

*(FYI)*[*https://resou.osaka-u.ac.jp/en*](https://resou.osaka-u.ac.jp/en)

* + Refer to the URL below if you require further information on Osaka University faculties or schools.

[*https://www.osaka-u.ac.jp/en/academics*](https://www.osaka-u.ac.jp/en/academics)

|  |  |
| --- | --- |
| **Preferred research groups or departments** | **Graduate School, School or****Research Institute** |
|  |  |
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1. Laboratory, Field work or Internship (if applicable)

Professor’s Name(optional):

Only after you have a permission to be accepted by one of Osaka University’s professor/associate professor, you can indicate his/her name.

1. Study Period in Japan (Check the appropriate box and/or fill in the blanks.)

|  |  |
| --- | --- |
| Mark | Study Period in Japan |
| 　 ☐ | **Spring Term****(March 1 – May 1)** |
| ☐ | **Summer Term****(July 1 – August 31)** |

**Section 4: Declaration**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration****I hereby certify that my statements on this application are true and complete to the best of my knowledge, and I understand that any willfully false statement is sufficient for rejection of admission, or for dismissal from the Osaka University International Certificate Program. I also declare that I will respect the regulations of Osaka University if I am successfully admitted to the program.****I have contacted the supervisor of my home institution or manager of my company, and he/she agreed my participation to the Osaka University International Certificate Program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Print Name of applicant:** |  |  |
| **Date:** |  | **Signature of applicant:** |  |  |

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Center for Global Initiatives and Department of International Student Affairs

Osaka University