*	University Use	受験番号	K 1
		学生番号	K 2 4

## **Application Form for Sophia University Graduate Program Research Student 2024(Spring)**

	Studente i regium researen student 202 i(sp	· ····· 5 <i>)</i>
Applicant		
フリカ゛ナ		
Name	印 signature	h
Date of Birth		
Sex	male • female	
Nationality		
Address	₹ TEL	

Please paste a
3 x 4
Photograph
showing
head and shoulder
only

Address		TEL		
	-	Write your na	me exactly same as is printed in your passpo-	
Guarantor				
フリカ゛ナ			Relationship to applicant	
Name		印		
Name		signature		
Address	₹			
Address	TEL			
Name of graduate		Name of major		
school apply for		Trume of major		
Research Subject	t			
Research Period		Full academic year 2024/ Spring Semester 2024		

Doctoral Adviser's Informal Consent (Applicants are required to contact prospective advisors in advance.)

I accept the research guidance.	Date /	Name/	印
1 &			•

\*University Use

確認者印	所見	及び審査内容記入欄			
(1)学事センター	受付				
(2)専攻主任	審査結果 可・否				
(3)研究科委員長	審査結果 可・否				
(4)学事センター長	審査結果 可・否				
(5)学務担当副学長	審査結果 可・否				
決裁 : 上記の者の受入	れを 許可・不許可 とする。	決裁日 学 長	年	月	田 田

Educational backgrou	nd					
	Name of School	Year and of Entra	nce and	Diploma or Degree awarded, Major subject		
		From				
Undergraduate Level						
		То				
		From				
Graduate Level		То				
Total y	rears of schooling mentioned above	ve as of A	pril 1,20	Years		
Past and Present resea	arch status					
	Begin with the most recent emp	ployment	, if appli			
Nan	ne a of organization			Period of employment		
		Fr	om	То		
			om	То		
	al students					
Ct-tra-fDil-m		Period	From:			
Resident Card Number		of stay	То:			
Current organization			pected period of enrollment of current organization: To:			
'If you live in Japan with colle	ge student status, please write current school	ol's name lik	e university	v or language school, and expected period of enrollment of the school		
*Only for Internation						
<b>Plan of payment the to</b> a) Self	ииоп			1		
o) Supporter in Jap						
c) Supporter living	abroad (Relationship with	the app	licant	)		