* University	受験番号	K 2
Use	学生番号	K 2 5

				r Sophia Univers ch Student 2025	v		Please p	oaste a
Applicant	1		8		(4 x	
フリカ゛ナ							Photog	
Name				signa	F冂 .ture		show head and	shoulder
Date of Birth							on	ly
Sex		male	e • femal	e				
Nationality								
Address	Ŧ				EL			
	1			Write you	r name exactly sam	e as is pr	inted in you	r passport.
Guarantor								
フリカ゛ナ					Relationshi	p to app	licant	
Name				signat	印			
	 _			signat	lure			
Address	I			TEL				
Name of graduate school apply for				Name of major				
Research Subject	t							
Research Period			A	Autumn Semester 202	5			
Doctoral Adviser's	Informal C	Consent (Appli	cants are required	to contact prospectiv	ve advisors in adv	ance.)		
I accept the rese	arch guidar		Date /	Name/		ÉĪ.]	
% University Use								
確認者問	印			所見及び審査内	容記入欄			
(1)学事センター				<i>ли - д</i>				
		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	1の者の受기		不許可 とする	決	·裁日 : 長	年	月	日 印

Educational background

	Name of School	Year and Month of Entrance and Completion	Diploma or Degree awarded, Major subject		
Undergraduate Level		From To			
Graduate Level		From To			
Total years of schooling mentioned above as of September 21,2025 : Years					

Past and Present research status

Employment Record: Begin with the most recent employment, if applicable.

Name a of organization	Period of employment		
	From To		
	From To		

*Only for International students

Status of Residence		Period of stay	From:	
Resident Card Number			То:	
Current organization		Expected period of enrollment of current organization: To:		

*If you live in Japan with college student status, please write current school's name like university or language school, and expected period of enrollment of the school.

XOnly for International students Plan of payment the tuition

PI	an of payment the fultion			
a)	Self			
b)	Supporter in Japan	(Relationship with the applicant:)	
c)	Supporter living abroad	(Relationship with the applicant:)	