

* University Use	受験番号	K 1
	学生番号	K 2 6

Application Form for Sophia University
Graduate Program Research Student 2026(Spring)

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

Applicant			
フリガナ			
Name			印 signature
Date of Birth			
Sex	male • female		
Nationality			
Address	〒 TEL		

Write your name exactly same as is printed in your passport.

Guarantor			
フリガナ			Relationship to applicant
Name			印 signature
Address	〒 TEL		

Name of graduate school apply for		Name of major	
Research Subject			
Research Period	Full academic year 2026/ Spring Semester 2026		

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

I accept the research guidance.	Date /	Name/	印
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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
<div> <div> <div>決裁</div> <div>:</div> <div>上記の者の受入れを</div> <div>許可・不許可</div> <div>とする。</div> </div> <div> <div>決裁日</div> <div>学 長</div> </div> <div> <div>年</div> <div>月</div> <div>日</div> </div> <div> <div>印</div> </div> </div>	

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 April 1,2026 : Years			

Past and Present research status

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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			To:
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.

※Only for International students**Plan of payment the tuition**

a) Self b) Supporter in Japan (Relationship with the applicant: _____) c) Supporter living abroad (Relationship with the applicant: _____)
