**Application Form for AY 2020 Admission to the Doctoral Program**

<Office Use Only>

<Office Use Only>

整理番号

受験

番号

**Graduate School of International Culture and Communication Studies, Waseda University**

**A. Application Category**

|  |
| --- |
| The Special Admission for Postgraduate Study Abroad Program by China Scholarship Council |

**B. Period of Admission** \* **Select the period of admission**

|  |
| --- |
| □　September 2020 Entry □　April 2021 EntryPaste a recent color passport-style photograph measuring 3 cm by 4 cm |

**C. Selection of the Directed Research**

\***Select one directed research from the list written on p.3 of the AO application guide. Leave this blank if uncertain.**

|  |
| --- |
| **Name of Directed Research** |
|  |

**D. Applicant Information**

**\* Fill out the information as written in your passport)**

|  |  |
| --- | --- |
| **FAMILY NAME:**\* full legal name |  |
| **GIVEN NAME:**\* full legal name |  |
| **MIDDLE NAME(S)**\* full legal name |  |
| **NAME in KATAKANA**\* If applicable |  | **NAME in Chinese characters** \* If applicable |  |
| **Date of Birth** |  **. .** **year month day** | **Gender** | Female / Male |
| **Country/ Region of Citizenship** |  | **First Language** |  |

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**E. Photo Card GSICCS, Waseda University**

|  |
| --- |
| Applicant Name Paste a recent color passport-style photograph measuring 3 cm by 4 cm |
| **FAMILY NAME:** \* full legal name |  |
| **GIVEN NAME:** \* full legal name |  |
| **MIDDLE NAME(S)** \* full legal name |  |

**<Office Use Only>** AY2020/2021 Entry April September

Application No. Student ID No.

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**F. Currently enrolled educational institution(s) \*Only if you are currently enrolled**

**(University, Advanced vocational school, Japanese language institution)**

|  |  |  |
| --- | --- | --- |
| **Name of Institution** | **Name of School/Department**\* If the institution is a University | **Status**\* Please check |
|  |  | □ **Regular Student**□ **Research Student** |
| **Date of entrance** | **Date of graduation / expected graduation** |
| **year month** | **year month** |

**G. Current / Previous Waseda University Student Registration Number**

**\* For Waseda University Student ONLY**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. |  |  |  |  |  |  |  |  | － |  |

**H. Additional Information for Non-Japanese Applicants**

|  |  |
| --- | --- |
| **Do you have resident status in Japan?** | □ YES□ NO |
| **Type & Period of resident status** **\* For applicants with resident status in Japan** | Resident status:Valid until: year month day |
| **Military service at your own contry / region** | □ Already Served□ Yet to be served□ No obligatory military service |

**I. Contact Information**

|  |  |
| --- | --- |
| **Postal Address**\*Fill out this section in alphabetical letters |  |
|  |
| **Post code / Zip code** |  |
| **Country / Region** |  |
| **Telephone****(Include the country code)** |  |
| **E-mail Address** |  |

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**J. Educational Background**

**\* List all schools attended (including primary school, language schools, etc.) in chronological order (earliest first)**

**\* 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/institution** | **Country / Region** | **Period of attendance** | **Years** | **Degree etc.** |
|  |  | 　 　　　・　　　　　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 of education** |  |  |

**K. English Proficiency Test(s) Or GRE**

**\*All applicants are basically required to submit an English proficiency test score and/or a graduate school admission test score.**

**\*For those who submit documents which certify that they have completed a master’s program which is conducted in English, the submission of the above scores will be exempted.**

**\* If the test score will be sent directly from the examination organization to the GSICCS office, please tick ‘Directly sent from Exam Organization’.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name** | **Test Date** | **Score** | **How will it be submitted** |
|  |  **. .** **year month day** |  | □ Enclosed□ Directly sent from Exam Organization |
|  |  **. .** **year month day** |  | □ Enclosed□ Directly sent from Exam Organization |
|  |  **. .** **year month day** |  | □ Enclosed□ Directly sent from Exam Organization |

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**L. Experience of Studying Foreign Language(s) other than English**

|  |  |  |
| --- | --- | --- |
| **Language** | **Period of study** | **Standardized Test(s)** **/ Qualification(s)** |
|  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  |
|  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  |
|  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  |

**M. Work Experience**

**\* Please list any work experience in chronological order (earliest first).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of company and/or employer** | **Country / City** | **Period of Employment** | **Job Title** | **Full Time Employment** |
|  |  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  | □ Yes□ No |
|  |  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  | □ Yes□ No |
|  |  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  | □ Yes□ No |
|  |  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  | □ Yes□ No |
|  |  | 　　　　・　　　　**to** 　　　　・　　　　**(year) (month)　　　　(year)　　(month)** |  | □ Yes□ No |

**N. Social and/or Volunteer Activities**

**\* Please list any experience in chronological order (earliest first).**

|  |  |  |
| --- | --- | --- |
| **Name of company and/or organization** | **Country / City** | **Period of Activity** |
|  |  | 　　　　・　　　　**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)** |

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**O. Recommenders / Evaluators**

**\* Please fill out information about your recommenders / evaluators**

|  |
| --- |
| **Recommenders / Evaluators 1** |
| **Name in Full** | 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Family Given Middle |
| **Job Title** |  |
| **Institution (School / Company etc.)** |  |
| **Relationship to Applicant** |  |

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| --- |
| **Recommenders / Evaluators 2** \*Not required for the Intramural Selection Recommendation |
| **Name in Full** | 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Family Given Middle |
| **Job Title** |  |
| **Institution (School / Company etc.)** |  |
| **Relationship to Applicant** |  |

**P. MEXT Scholarship Extension**  \*This section will not affect your admission evaluation.

If you are currently receiving MEXT (Ministry of Education, Culture, Sports, Science and Technology, Japan) scholarship and belonging to a University in Japan and are applying/will apply for MEXT scholarship extension, please tick (✔) the box below. Also, please submit the copy of the certificate issued by your current University which proves that you are currently receiving the MEXT scholarship.

* I am currently receiving MEXT scholarship and am applying/will apply for MEXT scholarship extension.
* I have applied for the MEXT scholarship and have passed (or awaiting the result) the Embassy screening.

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