**Application Form for AY 2020 Admission to the Master’s 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. Screening Fee**\* **Select the appropriate fee**

|  |  |
| --- | --- |
| □　AO admission Domestic Applicants  □　AO admission Overseas Applicants  □　Intramural Selection Applicants | 30,000 yen  5,000 yen  25,000 yen |

|  |  |  |
| --- | --- | --- |
| **Please check one of the following:**  □　Credit Card / Online Payment System  □　Payment at a Convenience Store |  | **For Convenience Store payment,**  **please paste the payment certificate here** |

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

|  |
| --- |
| □　April 2020 Entry  □　September 2020 Entry |

**C. Desired Study Plan** \* **Select one desired Study Plan**

|  |
| --- |
| □　Language & Communication  □　Culture & Communication  □　Society & Communication  Paste a recent color  passport-style  photograph  measuring  3 cm by 4 cm |

**D. Selection of the Directed Research**

**\* Select one directed research from the list written on p.4 of the application guide. Leave this blank if uncertain.**

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

**E. Applicant Information**

**\* Fill out the information as written in your passport or other official documents**

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

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

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

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

Application No. Student ID No.

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

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

|  |  |  |
| --- | --- | --- |
| **Name of the Institution** | **Name of the School/Department**  \* If the institution is a University | **Status**  \* Please check in you are enrolled in a university |
|  |  | □ **Regular Student**  □ **Non-degree research Student** |
| **Date of entrance** | **Date of graduation / expected graduation** |
| **year/ month** | **year/ month** |

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

**\* For those who are/were enrolled at Waseda University**

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

**I. Residence status in Japan (For non-Japanese applicants)**

|  |  |
| --- | --- |
| **Do you currently hold a valid residence status in Japan?** | □ YES□ NO |
| **Type & Period of residence status**  **\* For applicants with residence status in Japan** | Residence status: |
| Expiration Date: year/ month/ day |
| **Military service in your home country** | □ Already Served  □ Yet to be served  □ No obligatory military service |

**J. Contact Information**

|  |  |
| --- | --- |
| **Postal Address**  \*Fill out the full address in English  (Include any building and room numbers) |  |
|  |
| **Post code / Zip code** |  |
| **Country / City** |  |
| **Telephone**  **(Include the country code)** |  |
| **E-mail Address** |  |

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**K. Educational Background**

**\* List all of the schools attended from elementary school (include study abroad programs, language schools, etc.) in chronological order.**

**\* Use the official English name of each school.**

**\* For higher education degrees, be sure to specify if it is a specialized program such as a double or dual degree program.**

**\* If you have more information to add but have run out of space on the form below, you may attach extra details on a separate sheet of paper.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school/institution** | **Country / City** | **Period of attendance** | **Years** | **Level of education**  **Degree** |
|  |  | /　　　　　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** |  |  |

**L. English Proficiency Test(s) / GRE or other Graduate School Admission Test(s)**

**\* All applicants must submit an English-language proficiency and / or a Graduate school admission test score.**

**\* The original certificate of your given score must be submitted as part of your application.**

**\* If the test score is sent directly from examination organization to the GSICCS admissions office, please check ‘Directly sent from Exam Organization’.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Name** | **Test Date** | **Score** | **Method of submission** |
| **TOEFL (iBT)** | / /  year month day | **Total Score:** | □ Enclosed  □ Directly sent from Exam Organization |
| **TOEIC**  **(Listening and Reading)** | / /  year month day | **Total Score:** | □ Enclosed  □ Directly sent from Exam Organization |
| **IELTS (Academic)** | / /  year month day | **Over all Band Score:** | □ Enclosed  □ Directly sent from Exam Organization |
| **GRE** | / /  year month day | **Verbal Reasoning:**  **Quantitative Reasoning:**  **Analytical Writing:** | □ Enclosed  □ Directly sent from Exam Organization |
| **MAT** | / /  year month day | **Scale Score:** | □ Enclosed  □ Directly sent from Exam Organization |
| **GMAT** | / /  year month day | **Verbal:**  **Quantitative:**  **Analytical Writing:**  **Integrated Reasoning:** | □ Enclosed  □ Directly sent from Exam Organization |
| **LSAT** | / /  year month day | **LSAT Score:** | □ Enclosed  □ Directly sent from Exam Organization |

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**M. 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)** |  |

**N. 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 |

**O. 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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**P. Information of Recommenders / Evaluators**

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

|  |  |
| --- | --- |
| **Recommenders / Evaluators 1** | |
| **Full Name in English** | Family Given Middle |
| **Job Title** |  |
| **Institution (School / Company etc.)** |  |
| **Relationship with the applicant** |  |

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

**Q. 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 check (✔) 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 of) the Embassy screening.

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