

**Osaka University**

**International Certificate Program (OUICP)**

**Application Form 2024-2025**

(This sheet forms the cover of the application package.)

Date (Day/Month/Year):

Name of Applicant:

Home Institution:

|  |
| --- |
| **Check List** (Check in the boxes provided.)  These documents are required when submitting documents to the OUICP application system called “T-cens” by September 5th. Please proceed with preparations such as issuing the certificate first.  Please check with the OUICP lecturer at Osaka University about which documents you need to prepare for your pre-matching (to find a host laboratory at Osaka University in advance).   1. A completed application form **(Form: OUICP Application)** 2. A study plan **(Form: OUICP Practical Study Abroad Application1 & 2)** 3. A statement of purpose **(Form: Statement Of Purpose)** 4. Career Goal**（Form:OUICP\_CareerGoal）** 5. Course Registration List 6. Reference Letteｒ**（Form: OUICP\_ReferenceLetter）** 7. A current/latest transcript of the applicant’s academic record（The certificate must be in English or an English translation with an official signature.） 8. A certificate on English language proficiency 9. A certificate of enrollment（The certificate must be in English or an English translation with an official signature.） 10. Copy of your passport 11. Schoarship\_Application**(Form: OU\_ASEAN\_Campus\_Schoarship\_Application)**   Regarding the “11)Schoarship\_Application”, there is no problem as long as you fill out temporary information when submitting documents to the T-cens system. |

**OUICP Application**

Paste a clear photograph here (3×4cm), taken within the last 6 months

**Note:**

* Please type or print.
* Please fill out in English with all non-English scripts (names, etc.) romanized.
* Numbers should be Arabic numerals.
* Years should be written according to the Western calendar.
* Proper nouns should be written in full, no abbreviations.

**Section 1: Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name exactly as shown in your passport | | | | | |  |
|  |  |  | |  |  |  |
| Family Name | | First Name | | | Middle Name | |
|  | |  | |
|  | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Nationality |  | 1. Sex | | 1. Date of Birth | | | | | |
|  |  | ☐ Male | ☐ Female |  |  |  |  |  |  |
|  | |  |  | Day | | Month | | Year | |

1. Present Mailing Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: | | | | |
| Tel: |  | Fax: |  | E-mail: |

1. Permanent Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: | | | | |
| Tel: |  | Fax: |  | E-mail: |

1. Person to be notified in case of emergency

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Tel: |  |
| Contact Address: |  | E-mail: |  |

1. Home Institution/ Company name

|  |  |  |
| --- | --- | --- |
| Institution / Company Name: |  | |
| Department: |  |  | |
| Major Field of your study: |  |  | |
| Address |  |  | |

Course: □Undergraduate Grade: □1st

□Master □2nd

□Doctor □3rd

□Other( ) □4th

□Other( )

**Expected graduation / completion date at home institution**

○○ /○○/ ○○○○

Day 　Month 　Year

1. Educational Background

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution | Name and location of institution and country name | Degrees earned | Entrance | | Completion | |
| Month | Year | Month | Year |
| University/  College | Major: |  |  |  |  |  |
| Previous | Major: |  |  |  |  |  |

1. Job history (if applicable)

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| --- |
|  |

**Section 2: Language**

1. Language Self Evaluation (Check the appropriate box.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Native Language | Excellent | Good | Fair | Poor |
| Japanese | ☐ | ☐ | ☐ | ☐ | ☐ |
| English | ☐ | ☐ | ☐ | ☐ | ☐ |
| (Others: Specify) | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Language Qualification

If you have a certificate of language, such as TOEFL, IELTS or JLPT (Japanese Language Proficiency Test), specify the details below.

|  |  |
| --- | --- |
| (1) Name of the test: |  |
| (2) Date of the test: |  |
| (3) Score / Classification: |  |

Participants are recommended to have a high proficiency in spoken and written English as shown below.

TOEFL iBT 80 / IELTS 6.0 or higher

Cambridge English with CEFR B2 level or higher

Alternatively, a proof confirming the candidate’s medium of instruction in education was in English.

**Section 3: Study at Osaka University**

1. Program

**Please mark the program you would like to get enrolled in.**

|  |  |
| --- | --- |
| **Program Name** | **Mark** |
| **Halal Science, Technology and Innovation (HaSTI)** | ☐ |
| **Advanced Industrial Biotechnology** | ☐ |
| **Nanoscience and Nanotechnology as Manufacturing Core** | ☐ |
| **Frontier Engineering Science: An Introduction through STEM-Centered Learning** | ☐ |
| **Introduction to Computational Materials Design** | ☐ |
| **Frontiers in Medical Physics and Medical Imaging** | ☐ |

1. School/Graduate School(Please consult the OUICP lecturer when completing this field.)
   * Please specify AT LEAST THREE (or a few more if you wish) research groups, departments, or faculty members that you are interested in working with.

*(FYI)*[*https://resou.osaka-u.ac.jp/en*](https://resou.osaka-u.ac.jp/en)

* + Refer to the URL below if you require further information on Osaka University faculties or schools.

[*https://www.osaka-u.ac.jp/en/academics*](https://www.osaka-u.ac.jp/en/academics)

|  |  |
| --- | --- |
| **Preferred research groups or departments** | **Graduate School, School or**  **Research Institute** |
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1. Laboratory, Field work or Internship (if applicable)

Professor’s Name(optional):

Only after you have a permission to be accepted by one of Osaka University’s professor/associate professor, you can indicate his/her name.

1. Study Period in Japan (Check the appropriate box and/or fill in the blanks.)

|  |  |
| --- | --- |
| Mark | Study Period in Japan |
| ☐ | **Spring Term**  **(March 1 – May 1)** |
| ☐ | **Summer Term**  **(July 1 – August 31)** |

**Section 4: Declaration**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration**  **I hereby certify that my statements on this application are true and complete to the best of my knowledge, and I understand that any willfully false statement is sufficient for rejection of admission, or for dismissal from the Osaka University International Certificate Program. I also declare that I will respect the regulations of Osaka University if I am successfully admitted to the program.**  **I have contacted the supervisor of my home institution or manager of my company, and he/she agreed my participation to the Osaka University International Certificate Program.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | **Print Name of applicant:** |  |  | | **Date:** |  | **Signature of applicant:** |  |  | |

Center for Global Initiatives and Department of International Student Affairs

Osaka University