October，2023　Enrollment

Master’s Degree, Graduate School of Engineering, Nagasaki University

Application Form (Examination for International Students)

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| Admission No. | ※ |

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| To the President of Nagasaki University  I wish to enroll for the Master’s Degree, Graduate School of Engineering, Nagasaki University and hereby enclose the prescribed documents and Entrance Examination Fee.　　　　　　　　　　　Year / Month / Day 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Name　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Date of birth Year Month Day Male / Female |
| Applying Department | Department of Advanced Engineering |
| Applying Program | Civil and Environmental Engineering Program |
| Expertise | Choose one subject from below by encircling it:Structural mechanics / Soil mechanics / Hydraulics / Urban planning |
| Interviews and oral examinations | Choose one language used in the interviews and oral examinations from below by encircling it:Japanese / English |
| Current Address | 〒(Zip/Postal code)Mail　　　　　　　　　　　　　　　　　　　　　　　TEL: (　　　)　　　-　　　　 |
| Graduated University / Department | Country Year Month University Department 　　　　　　　　　　　　　　　　Graduated・Expected to graduate |
| Application Eligibility (Circle the relevant number)  | (1)・(2)・(3)・(4)・(5) | Nationality |  |
| Academic Advisor |  |

Notes:

　1. Do not fill in ※ marked box.

　2. Provide the name as registered or indicated on your resident card.

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| Personal Records |
| EducationalBackground | Name of the educational institutions | Time of Study | Date of Enrollment / Graduation  | Qualification(Degree) |
|  | Year(s) | Enrollment Year MonthGraduation Year Month |  |
|  | Year(s) | Enrollment Year MonthGraduation Year Month |  |
|  | Year(s) | Enrollment Year MonthGraduation Year Month |  |
|  | Year(s) | Enrollment Year MonthGraduation (Expected) Year Month |  |
|  | Year(s) | Enrollment Year Month Year Month | 　 |
|  | Year(s) | Enrollment Year Month Year Month　 |  |
| EmploymentHistory | Place of Employment (Job Title) | 　Period of employment |
|  | Year(s) | From To Year Month　　～ Year Month |
|  | Year(s) | From To Year Month　　～ Year Month |
|  | Year(s) | From To Year Month　　～ Year Month　　　　 |
| Awards | Details | Year Month |
|  |  |
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|  |  |
| I hereby declare that the information I provide above is truthful and correct. 　　　 Year Month DayName (signature):　　　　 　　　　　　　　　　　　　　　　　　　　　　　　　 |

　　Notes:

　　　1. Please provide the details of your entire educational background, including elementary school.

 2. Please write “N/A” if you have no history of employment, awards or convictions.

3. The university reserves the right to terminate the enrollment in the event of discovering any false information in

this document.