筑波大学大学院人間総合科学学術院国際連携食料健康科学専攻

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| Examinee Number |
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International Joint Degree Master's Program

in Agro-Biomedical Science in Food and Health

Graduate School of Comprehensive Human Sciences, University of Tsukuba

**入 学 願 書 （2025年8月実施）**

**Application Form (August Selection Process)**

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| 1 | ローマ字氏名Name (Family/Last Name, First Name, Middle Name) |  |
| 漢字氏名Name in Kanji (if any) |  |
| 2 | 性別・生年月日Gender & Date of Birth (Age) | [ ]  Male [ ]  FemaleD.O.B.: YYYY/ MM/ DD (Age ) |
| 3 | 現住所Current Address |  |
| 本籍都道府県名（日本人）国籍（外国人）Registered Domicile (For Japanese Applicants Only)Nationality (For International Applicants Only) |  |
| 携帯電話番号Mobile Phone |  |
| EメールEmail |  |
| 4 | 希望する指導教員名「研究指導教員一覧」に名前の記載のある教員から1名選んで記載してください。Desired Supervisor’s NamePlease name one from the list attached to the guidelines.  |  |
| 5 | TOEIC/ TOEFL/ IELTS Academic ScoresEIKEN Grade | [ ]  TOEIC [ ]  TOEFL [ ]  IELTS Score**：**[ ]  EIKEN　Grade： Exam Date: YYYY/MM/DD |
| 6 | 出願資格Academic Qualifications | 大学University |  |
| 学部（学群）Undergraduate School |  |
| 学科（学類）College/ Major |  |
| 卒業（見込）年月日Graduation Date(Including prospective graduation date) | YYYY/ MM/ DD |
| 7 | 緊急連絡先Emergency Contact | 氏名Name |  |
| 本人との関係Relationship |  |
| 住所Address |  |
| Phone |  |
| Email |  |

記入は、漢字氏名を除き、ローマ字体を用いてください。

Please type or print in English all items other than the name in Kanji.

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| 8 | 「検定料収納証明書」（クレジットカード・コンビニ払込）貼付欄Attach the “Certificate of Payment”. |
| Please paste here using glue. |