

## Confirmation Form

Date (yyyy/mm/dd): \_\_\_\_\_

To the President of University of Tsukuba

Graduate Schools and Programs to which application is being made.

Graduate School: \_\_\_\_\_

Program: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Regarding your university's organizational restructuring plan of graduate schools and programs scheduled in April, 2020, I hereby confirm that I have read the “改組再編の資料 (organizational restructuring plan)” published on your university's website and I will belong to a new degree program which succeeds the graduate school and program written above (for which I will take an entrance examination) upon being admitted if new organizations get chartered.

## Application Form

Doctoral Programs  
(four-year)

August

General Admission  
Working Individuals

Fill in or circle the following items.

The fields marked with ※ should be left blank.

Examinee  
Number

※

Application Method①	General Admission	1	Working Individuals	2	Transfer Admission	3	Application Method②	Cooperative Graduate	1	Research Institute Code	※		Enrollment in Fall	4
Status at the Time of Application	Student	1	Worker (except part-time)	2	Research Student/ Others	3	Foreign Student Status at the Time of Application	Government Sponsored	1	Privately Funded	2	Nationality		

Name		Sex	Date of Birth (Gregorian calendar)/ Age				
		M	F	Y	M	D	Age
		1	2				

Present Address	[Phone ( ) ] [Cell Phone ( ) ] [E-mail address : ]	
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Reference (Inside Japan)	Name		Relation -ship	
	Address	[Phone ( ) ]		

Graduate School Name/ Code	Program Name/ Code	Research Field/ Supervisor
Graduate School of Comprehensive Human Sciences	8夕	H • I
		Sub-Supervisor (Fill in, in case you are applicant of Cooperative Graduate School System or wrote specific supervisor above)
Language Used in the Exam		1. Japanese 2. English

Exam Subjects	Written Examination	Oral Examination
	Foreign Language	Individual Interview
	English	Applicants will be questioned about their research conducted during the master's program and related general knowledge. Applicants who completed a course in medicine or dentistry, or a 6-year course in veterinary medicine will be interviewed about their specialized field.

Eligibility	National	1	University	※	Expect to Graduate	Graduated	Other	Year and Month of (Expected) Graduation					
	Public	2						Year (Gregorian calendar)	Month				
	Private	3						School/ Faculty	1	2	5		
	Foreign	4											
	Other	5											
	National	1	University (Graduate School)	※	Expected to acquire Master's degree	Acquire Master's degree	Other	Year and Month of (Expected) Completion					
	Public	2						Year (Gregorian calendar)	Month				
	Private	3						Graduate School	3	4	5		
	Foreign	4											
	Other	5											
			Program										

Note: Foreign students must acquire the residence status of "Student" before the enrollment procedure.

Applicable  
Eligibility

※

## &lt;Attachment&gt;

Attach the "Receipt of examination fee" or "Certificate of postal transfer payment" here using glue.

(外国人出願者用)  
(for foreign applicants)

履 歴 書  
Curriculum Vitae

氏 名	フリガナ		男 (M) ・ 女 (F) Sex	生 年 月 日 Date of Birth	19 年 月 日	年 齢 Age		国 籍 Nationality		在 留 資 格 Resident Status	
	ローマ字										
	Family name First Name Middle Name										
学 校 教 育 Education		学 校 名 ・ 所 在 地 Name and Address of School		正 規 の 修 学 年 数 Officially Required Number of Years of Schooling	入 学 及 び 卒 業 年 月 Year and Month of Enrollment and Completion	修 業 年 数 Period of Schooling	専 攻 科 目 Major Subject if any		学 位 ・ 資 格 Diploma or Degree Awarded		
初 等 教 育 Elementary Education 小 学 校 Elementary School		学校名 Name 所在地 Location		年 yrs	入学 from 卒業 to	年 yrs					
中 等 教 育 Secondary Education 中学及び高校 Secondary School		中学 Middle School	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to	年 yrs					
		高校 High School	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to	年 yrs					
高 等 教 育 Higher Education 大 学 Undergraduate Level		学校名 Name 所在地 Location		年 yrs	入学 from 卒業 to	年 yrs					
高 等 教 育 Higher Education 大 学 院 Graduate Level		学校名 Name 所在地 Location		年 yrs	入学 from 卒業 to	年 yrs					
以上を通算した全学校教育就学年数 Total Number of Years of Schooling as given Above				年 yrs	TOTAL	年 yrs					
休学等、在籍中に修学を中断した期間（理由） from 年 yr., 月 mon. ~ to 年 yr., 月 mon. (Periods of interruption of studies, if any)											

研 究 歴 Research Activities (研究生の 経歴を含 む。)	研 究 機 関 名 Name of Research Institution	所 在 地 Address	身 分 Status	研 究 期 間 Duration of Research	年 数 yrs
				~	
				~	
				~	

※  
添 附 印

記入は、日本語又はローマ字体を用いてください。 Please type or print in Japanese or English

Examinee Number
※

# Employment Record

(University of Tsukuba Graduate School)

Name (Date of Birth)	(Y      M      D      )	Graduate School Program Course/ Field	Graduate School of Comprehensive Human Sciences Program: Course/ Field:
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If you have any employment history, describe all of your previous and current jobs including job titles, responsibilities, and research content.

If you need more space to write, make a photocopy of this form.

Employment Period	Year      Month      –      Year      Month
Company/ Organization	Full-time Part-time
Job Title/ Responsibilities/ Research Content	
Employment Period	Year      Month      –      Year      Month
Company/ Organization	Full-time Part-time
Job Title/ Responsibilities/ Research Content	
Employment Period	Year      Month      –      Year      Month
Company/ Organization	Full-time Part-time
Job Title/ Responsibilities/ Research Content	

(August 2020)  
**University of Tsukuba**  
**Graduate School**  
**Examination Card**

Examinee Number	※	
Name		
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Program	
Exam Type	1. General Admission 2. Working Individuals	
Language Used in the Exam	1. Japanese 2. English	
Exam Subjects		
Written	Oral	
English	Individual Interview	
<div style="text-align: center;">Photo</div> <div style="text-align: center;">(4 x 3cm)</div> <div style="text-align: center;">Headshot with no hats, taken within the last three months</div> <div style="text-align: center;">(Attach identical photographs.)</div>		

(August 2020)  
**Photo Card**

Examinee Number	※	
Name		
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Program	
Exam Type	1. General Admission 2. Working Individuals	
Language Used in the Exam	1. Japanese 2. English	
Exam Subjects		
Written	Oral	
English	Individual Interview	
<div style="text-align: center;">Photo</div> <div style="text-align: center;">(4 x 3cm)</div> <div style="text-align: center;">Headshot with no hats, taken within the last three months</div> <div style="text-align: center;">(Attach identical photographs.)</div>		

(August 2020)  
**Desktop Examination Card**

Examinee Number	※	
Name		
Program	Doctoral Programs (four-year)	Course
	Graduate School of Comprehensive Human Sciences	Graduate School
	Program	
Exam Type	1. General Admission 2. Working Individuals	

<Guidelines for the Completion>

- Attach photographs and fill in your name and program.
- For the "Exam Type," circle 1 or 2 that applies.
- For the "Language Used in the Exam," circle 1 if you wish to take an interview and receive examination questions and answers in Japanese. Circle 2 if you wish to take an examination
- Cut out along the lines.

Acceptance Card

Sex	M	F	
Date of Birth (Gregorian calendar)	Y	M	D
Name			
Examinee Number	※		

# 研 究 計 画 書

## Research Plan

受 験 番 号

※

筑波大学大学院人間総合科学研究科 University of Tsukuba Graduate School of Comprehensive Human Sciences  
医学を履修する課程 Doctoral Programs (four-year)

### 記入上の注意など Guidelines

- ① 選考の際の重要な資料にします。できるだけ具体的に書いてください。The research plan serves as an important reference for selecting applicants for admission. Describe your plan as specifically as possible.
- ② 簡潔にまとめ、スペース内に収まるよう記入してください。Summarize your plan briefly to fill in the fields.

Name		Graduate School Program	Graduate School of Comprehensive Human Sciences Program:	Supervisor	
I. 研究したい課題 Research theme					
II. 目的・内容（明らかにしたい事柄を具体的に） Objective and content of the research (Specify what you want to reveal.)					
III. 計画・方法（できるだけ箇条書きに） Plan and method (List in bullet point format, if possible.)					
IV. 研究の特色（独創的のところや意義など） Features of the research (Originality and significance of the research)					
V. これまでの活動との関連（志望理由を含める。） Relevance with your previous research activities (Include your motivation for application.)					

※欄は記入しないでください。The fields marked with ※ should be left blank.

研究・専門報告書  
Research/ Specialty Report

受験番号
※

(医学を履修する課程 Doctoral Programs (four-year))

Name  (Date of birth)	( Y M D)	Graduate School  Program	Graduate School of Comprehensive Human Sciences  Program:	Supervisor	
現在行っている研究内容または専門について、その方法・現在の進行状況・見込まれる成果等について記載してください。 (800 字～1,200 字) Describe your current research or specialty with its method, progress, and expected result. (in 800 - 1,200 Japanese characters, or in English)					
今まで発表した論文名（雑誌名） 又は著書名  Titles of papers (journals) and books you have published					
今まで学会等における発表実績  Research presentations you have made at conferences					

※欄は記入しないでください。The fields marked with ※ should be left blank.

受 験 番 号
※

研 究 歴 証 明 書

Certificate of Research Activities

国 籍（ Nationality ）： \_\_\_\_\_  
氏 名（ Name ）： \_\_\_\_\_  
生年月日（Date of Birth）： \_\_\_\_\_

上記の者は、下記のとおり研究歴を有することを証明する。  
This is to certify that the above person engaged in the research activities as follows.

記

在籍した機関、部局名及び身分 (Status and Institution Attended)	
研 究 期 間 (Duration of Research)	年 月 日から 年 月 日まで（ 年 か月間） From : _____ to : _____ = _____ ( Day ) ( Month ) ( Year ) ( Day ) ( Month ) ( Year ) (Years) (Months)
研 究 題 目 及 び 研 究 内 容 (Research Title and Content)	
指 導 教 員 職 ・ 氏 名 (Name and Position of Academic Advisor)	

年月日（Date）： \_\_\_\_\_

署 名  
(Signature) : \_\_\_\_\_  
氏 名  
(Name) : \_\_\_\_\_  
職 名 (注)  
(Title\*) : \_\_\_\_\_ 印  
機 関 名  
(Institution) : \_\_\_\_\_  
所 在 地  
(Address of Institution) : \_\_\_\_\_

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(注) 証明者は、機関の長等（例えば、学長又は学部長等）とします。  
( \* The title of the certifier should be equivalent to representative of organization such as President, Dean, Director, etc)



宛名シート①

Address Sheet #1

1. 欄は記入しないでください。  
The fields marked with ※ should be left blank.
2. このシートは「合格通知書」及び「入学手続書類」を送付する場合のあて名として使用しますので、郵便を受け取ることができる住所・氏名を楷書でていねいに記入してください。  
The address sheets will be used to send out acceptance letters and enrollment documents to the successful applicants. Write the mailing address and name clearly in block letters.
3. 志願者以外の住所・氏名を記入する場合は、 に志願者の氏名を記入してください。  
If you enter the address and name of a person other than yourself (the applicant), enter your name in the box .

志望 Program	医学を履修する課程 Doctoral Programs (four-year)
	人間総合科学研究科 Graduate School of Comprehensive Human Sciences
	Program:
氏名 Name	
受験番号 Examinee Number	※

〔※〕殿

〔※〕殿

(8 月期・一般／社会人)

※	国	費	私	費
	有	職	者	連携大学院

※	郵	外
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受 験 番 号
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### University of Tsukuba Graduate Admissions 2020 List of Documents to be Submitted

Graduate School	Graduate School of Comprehensive Human Sciences	Program		Name	
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Note: Make sure to mark “○” in the “Check” columns for documents to be submitted. Your application may not be accepted unless all the required documents are submitted.

Documents	Check	Required for	Remarks
[University of Tsukuba designated forms]			
Confirmation Form		All applicants	
Application Form		All applicants	
Curriculum Vitae for Foreign Applicants		All foreign applicants	
Employment Record		All applicants who have employment history	
Examination Card/ Photo Card/ Desktop Examination Card/ Acceptance Card		All applicants	
Research Plan		All applicants	
Research/ Specialty Report		All applicants	
Certificate of Research Activities		Foreign applicants who are required	
Address Sheet #1		All applicants	To be used to send out acceptance letters and other documents from the University of Tsukuba
List of Documents to be Submitted		All applicants	
Address Sheet #2		All applicants	To be used to submit the application documents
Examination Fee ( “Certificate of postal transfer payment” or “Receipt of examination fee” of 30,000 yen)		All applicants (Except Government-sponsored foreign students)	Attach to the specified column of the Application Form.
[Certificates and other documents to be prepared by applicants]			
(Expected) Completion Certificate		All applicants	
Degree Certificate		<ul style="list-style-type: none"> <li>Applicants who graduated from (completed) a foreign university</li> <li>Applicants who obtain a qualification for application from the National Institution for Academic Degrees and University Evaluation</li> </ul>	
Academic Transcript		All applicants	
Letter of Approval for Taking the Entrance Examination (Free Format)		Applicants who currently attend a university or graduate school Applicants who currently work for a government agency, school, or company	Except those who will graduate or complete in March 2020 Except part-time workers A4 size
Certificate of Government-Sponsored Foreign Student		Foreign applicants who are required	
Envelope (with a 362 yen postage stamp attached)		All applicants	To be used to send out reference cards from the University of Tsukuba

受付月日	※	月	日	受 付 者	※	点 検 者	※
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The fields marked with ※ should be left blank.

速 達

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郵便局で  
書留速達  
便にす  
ること

書留速達（出願書類在中）

教育推進課

御中

筑波大学教育推進部

茨城県つくば市天王台一―一―一

Japan

Graduate School	Doctoral Programs (four-year) in Graduate School of Comprehensive Human Sciences Program: Course:
Name	
Address	

Note 1: Fill in the same information as on the Application Form.

Note 2: Attach this Address Sheet to a K2 size envelope and submit by mail or by hand.