

**Graduate School of**

**Integrative Science and Engineering**

Entrance Examination by Recommendation / General Examination

**[Admission for the second semester in academic year 2024]**

**Prescribed Application Forms**

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| Form A | Application Form |
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| Form B | Secondary Form (Photograph Ticket) |
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| Form C | Statement of Purpose |
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| Form D | Curriculum Vitae |
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| Form E | Letter of Recommendation (Screening for working adults) |
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| Form F | Letter of Recommendation  (Overseas Partner Institution Admissions Scheme) |
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| Form I | Address label |
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| Form J | Application Form for Special Screening for International Students |
|  |  |
| For checking | Document checklist (Not to submit) |

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| **Notes on filling out the application documents** |

1. Please do not bend or soil application documents.

2. Please use a black pen or ballpoint pen when filling out each entry section.

Be sure to carefully print all information within each frame.

3. When filling out the section with multiple choices, check the relevant box ( ) with a checkmark (　 or ■).

Below is an example of the Form A: Application Form.

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form A | **Application Form（example）** | \* Do not fill out this section.  **Not to Use this page** |

**Check this box and write the name of course only if the apply to you.**

**Check these boxes only if they apply to you.**

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| Course you are applying to | | | ☑ Master’s Course  □ Doctoral Course | | | | | Examination Category | | | | □Overseas Partner Institution Admission Scheme (February, May)  ☑ General Screening (February, June)  □Screening for working adults (February, June)  □Special screening for International students (February, May) | | | |
| Department you are applying to | | | **Informatics** | | | Department | |
| Discipline you are applying to | | | **Information Engineering** | | | Discipline | | Name of Academic Supervisor | | | | **TOSHI Dai** | | | |
| If you wish to participate in the program for working adults, please check the box and indicate the name of the program. | | | | | | | | | | | | | | | |
| * The program for working adults | | | | | ( |  | | | | | | | | | ) |
| Examination Subjects  [Master’s Program  General Screening] | | Foreign language subject  **Write the name of your academic supervisor(s) and enclose an email demonstrating your potential supervisor endorses your application.** | | | | | | | | | | | | | |
| ☑ Taking the exam | | | | | | | | | | | | | |
| □ Exempted from the exam ( certification・TOEIC )　 \* Only the original certificate is valid (No copying). | | | | | | | | | | | | | |
| Basic subject | | | | | | | | | | | | | |
| Accreditation examination certificate to submit　□ Mathematics □ Physics □ Chemistry | | | | | | | | | | | | | |
| \* Only the original certificate is valid (No copying). | | | | | | | | | | | | | |
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| Full Name | Furigana   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ト** | **ウ** | **キ** | **ョ** | **ウ** |  |  |  |  | **ジ** | **ロ** | **ウ** |  |  |  |  |  |   Kanji   |  |  |  |  | | --- | --- | --- | --- | | Family  name | **Tokyo** | Given  name | **Ziro** | | | | | | | | | | | | Gender | ☑ Male □ Female | | |
| Date of Birth | Year  **2001** | Month  **10** | Date  **14** |
| \* To be filled out by applicants advancing internally. | | | | | | | | | | |
| Current affiliated laboratory | | | | **Integration System Lab.** | | | | | | |
| Student Number | | | | **2022999** | | | | | | |
| Academic background, etc. | High school | | | Year | | **2020** | Month | | **March** | | | | ☑ Graduated | | |
| Graduated from | | **Tokyo City University High School** | | | | | | |
| University | | | Year | | **2024** | Month | | **September** | | | | □ Graduated  ☑ Expected to graduate | | |
| Name of university: | | **Tokyo City University** | | | | | | |
| Faculty of | | **Knowledge Engineering** | | | | | | |
| Department of | | **Computer Science** | | | | | | |
| Graduate school | | | Year | |  | Month | |  | | | | □ Completed  □ Expected to complete | | |
| Name of university: | |  | | | | | | |
| Name of course: | |  | | | Major: | |  | |
| Work  Experiences | | | If any, fill out the name of company, year and month of joining, the number of years in service, etc. | | | | | | | | | | | |
|  | | | | | | | | | □ Resigned  □ Currently employed | | |
| Applicant Address |  | |  | | | | | | | email address | | | **202xxxxx@tcu.ac.jp** | | |
| Zip code | | **xxx-xxxx** | | | | | | | Tel (Cell phone) | | | **xxx-xxxx-0104** | | |
| Start from the name of prefecture. Please correctly fill out the name of apartment/condo.  **x-xx-x, Tamazutsumi, Setagaya-ku, Tokyo, Japan** | | | | | | | | | | | | | | |

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form A | **Application Form** | \* Do not fill out this section. |

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| Course you are applying to | | | □ Master’s Course  □ Doctoral Course | | | | | Examination Category | | | | □Overseas Partner Institution Admission Scheme (February, May)  □General Screening (February, June)  □Screening for working adults (February, June)  □Special screening for International students (February, May) | | | |
| Department you are applying to | | |  | | | Department | |
| Discipline you are applying to | | |  | | | Discipline | | Name of Academic Supervisor | | | |  | | | |
| If you wish to participate in the program for working adults, please check the box and indicate the name of the program. | | | | | | | | | | | | | | | |
| * The program for working adults | | | | | ( |  | | | | | | | | | ) |
| Examination Subjects  [Master’s Program  General Screening] | | Foreign language subject | | | | | | | | | | | | | |
| □ Taking the exam | | | | | | | | | | | | | |
| □ Exempted from the exam ( certification・TOEIC )　 \* Only the original certificate is valid (No copying). | | | | | | | | | | | | | |
| Basic subject | | | | | | | | | | | | | |
| Accreditation examination certificate to submit　□ Mathematics □ Physics □ Chemistry | | | | | | | | | | | | | |
| \* Only the original certificate is valid (No copying). | | | | | | | | | | | | | |
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| Full Name | Furigana   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Kanji   |  |  |  |  | | --- | --- | --- | --- | | Family  name |  | Given  name |  | | | | | | | | | | | | Gender | □ Male □ Female | | |
| Date of Birth | Year | Month | Date |
| \* To be filled out by applicants advancing internally. | | | | | | | | | | |
| Current affiliated laboratory | | | |  | | | | | | |
| Student Number | | | |  | | | | | | |
| Academic background, etc. | High school | | | Year | |  | Month | |  | | | | □ Graduated | | |
| Graduated from | |  | | | | | | |
| University | | | Year | |  | Month | |  | | | | □ Graduated  □ Expected to graduate | | |
| Name of university: | |  | | | | | | |
| Faculty of | |  | | | | | | |
| Department of | |  | | | | | | |
| Graduate school | | | Year | |  | Month | |  | | | | □ Completed  □ Expected to complete | | |
| Name of university: | |  | | | | | | |
| Name of course: | |  | | | Major: | |  | |
| Work  Experiences | | | If any, fill out the name of company, year and month of joining, the number of years in service, etc. | | | | | | | | | | | |
|  | | | | | | | | | □ Resigned  □ Currently employed | | |
| Applicant Address |  | |  | | | | | | | email address | | |  | | |
| Zip code | |  | | | | | | | Tel (Cell phone) | | |  | | |
| Start from the name of prefecture. Please correctly fill out the name of apartment/condo. | | | | | | | | | | | | | | |

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form B | **Secondary Form (Photograph Ticket)** | \* Do not fill out this section. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Furigana |  | | <Affix a photograph here＞  1. The photograph must be taken for identification (in black-and-white or in color).  2. The photograph must be taken without a frame within three months of the submission of application. The photograph must be taken frontal view of the upper half of the body without hat. 4 cm(length)×3 cm(width)  3. Write down the name and the course applying for on the back of the photograph. (If the photograph is a sticker, affix it without doing so.) |
|  | | |
| Course and Department you are applying to | □ Master’s Course　・　□ Doctoral Course | | |
|  | | Department |
| Discipline you are applying to |  | | Discipline |

(Affix receipts in the blank space below.)

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form C | **Statement of Purpose** | \* Do not fill out this section. |

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| --- | --- | --- | --- | --- | --- |
| Course you are applying to | □ Master’s Course  □ Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

\* Please fill out your reason within this box

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| **Reason for applying** |
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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form D | **Curriculum Vitae** | \* Do not fill out this section. |

**Screening for working adults**

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| --- | --- | --- | --- | --- | --- |
| Course you are applying to | □ Master’s Course  □ Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |
| Do you want to apply for tuition reduction and exemption?　　　□ Yes □ No (Check either of the boxes.) | | | | | |

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| --- | --- | --- |
| Year | Month | Academic Background  Fill out the final school enrolled and graduated (completed). |
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| Year | Month | Professional Experience(s)  Besides work experience, fill out research achievements in detail. |
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Please provide the publication of any research that falls under the categories provided in the margin.

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| --- | --- | --- |
| Title | Corresponding number for the institution published to | [Corresponding number  for the institution published to]  1. Paper (academic journal, association journal)  2. Verbal presentation at academic  conference  3. In-house newsletter  4. In-house research group  5. Patent filings  6. Awards, etc. |
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Letter of recommendation must be sealed by the recommender.  
Recommendations by faculty members of TCU will not be accepted.

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form E | **Letter of Recommendation**  **(Screening for working adults)** | \* Do not fill out this section. |

**Screening for working adults**

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| To be filled out by applicant | The course applying for | □ Master’s Course  □ Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |
| Do you want to apply for tuition reduction and exemption?　 (Check either of the boxes.)  □ Yes　　 □ No | | | | | |

Date:

To the President of Tokyo City University

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| Recommended by Seal |
| Affiliation |
| Job title |
| Relation with the applicant |

I would like to recommend the following person as an applicant to the Graduate School of Integrative Science and Engineering, Tokyo City University.

|  |  |
| --- | --- |
| Applicant Name  (Date of birth) | Date of birth: |

1. Please fill out the course and the reason for recommending the applicant, including the applicant’s major work experience and research area.

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| --- | --- |
| Course of recommendation | |
| □ Master’s Course | □ Doctoral Course |
| Reason for recommending | |
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2. Please provide the publication of any research that falls under the categories provided in the margin.

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| Title | Corresponding number for the institution published to | [Corresponding number  for the institution published to]  1. Paper (academic journal, association journal)  2. Verbal presentation at academic  conference  3. In-house newsletter  4. In-house research group  5. Patent filings  6. Awards, etc. |
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Letter of recommendation must be sealed by the recommender.

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form F | **Letter of Recommendation (Overseas Partner Institution Admissions Scheme)** | Do not fill out this section. |

**Overseas Partner Institution Admissions Scheme**

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| --- | --- | --- | --- | --- | --- |
| Course you are applying to | □ Master’s Course  □ Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

Date:

To the President of Tokyo City University

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| Recommender |
| Name of University |
| President seal |
| Job title |
| Recommended by 　　　　　　　　　　　　　　　　　　　　　　　 　　seal |

I would like to recommend the following person as an applicant to

□Master’s Course □Doctoral Course

the Graduate School of Integrative Science and Engineering, Tokyo City University.

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| Applicant Name  (Date of birth) | Date of birth: |

1. Please fill out the course and the reason for recommending the applicant, including the applicant’s major work experience and research area.

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| Course of recommendation | |
| □ Master’s Course | □ Doctoral Course |
| Reason for recommending | |
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Note: This recommendation letter must be jointly signed by

・The president of the university or graduate school to which the applicant belongs.

・The head of department to which the applicant belongs.

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form G | **The summary of research in the Master’s Course, etc. and research plans in the Doctoral Course** | \* Do not fill out this section. |

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| Course you are applying to | **■** Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

**■ The summary of research in the Master’s Course**

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| --- | --- | --- | --- | --- |
| Research title/title of thesis | |  | | |
| Summary of the contents | | | | |
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| Books | Book Name | | Published by | Year and date of publication |
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| Academic Papers | Paper Name | | Name of magazine presented to | Year and date of presentation |
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| Publication of  Research Findings | Title | | Institution presented to | Year and date of presentation |
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| Course you are applying to | **■** Doctoral Course | | Full Name |  | | Examinee Number |
| \* Do not fill out this section. |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

**■ Research plans in the Doctoral Course**

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| Research title |  |
| Research Plans | |
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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form H | **Survey form for circumstances of international students** | \* Do not fill out this section. |

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| Course you are applying to | □ Master’s Course  □ Doctoral Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

* Details of academic background and work experience. Please start from the applicant’s elementary school to the final school in attended in chronological order (dominical year).

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| --- | --- | --- | --- |
| School Name | Address | Duration | Enrollment, graduation, etc. |
| Elementary School |  | Date from to |  |
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◆Please fill out the following table. In order to confirm your nationality and status of residence, please attach a copy of the required page of your passport (name, photo, signature, etc.) and both sides of your residence card.

(\*If you live outside Japan, you do not need to submit a copy of your residence card.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country or area of origin |  | | | | | | | |
| Current Visa status |  | | | | | | | |
| Current permitted duration of residence | Date from | |  | | to |  | | |
| Person who supports your expenses.  \* Please fill in if someone other than yourself will be responsible for the expenses. If you are responsible for the expenses, please fill in only the name field. | | Full Name | |  | | | Age |  |
| Relationship with the applicant | |  | | | | |
| Current Address | | Zip code – | | | | |
| Phone | |  | | | email |  |
| Occupation, Job Title  (Name of the place of employment) | |  | | | | |
| Address of the place of employment | | Zip code – | | | | |
| Work phone | |  | | | email |  |

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form I | **Address label** | Do not fill out this section. |

Please provide the address to which the "Notification of Acceptance" will be mailed.

Please enter an address where the examinee can be sure of receiving the documents. If the address entered below changes between the time of application and the announcement of acceptance, please submit a notification of forwarding to the post office or otherwise ensure that the address can be reliably received.

The name must be the examinee himself/ herself. Individual contact information and preliminary assignments may be mailed.

We will make a copy of this form and use it as a mailing label. So please write carefully and clearly with a black ballpoint pen.

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| Examinee’s name | | | | | | | | | | | | | |
| TO | |  | | | | | | | | | | | |
| □ Master’s Course　　□ Doctoral Course | | | | | | | | | | | | | |
|  | | | | | | Department | |  | | | | Discipline | |
| \* Do not fill out this section. | | | | | | | | | | | | | |

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University | Examinee Number |
| Form J | **Special Screening Application Form** | Do not fill out this section. |

**Special Screening for International Students**

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| --- | --- | --- | --- | --- | --- |
| Course you are applying to | **■** Master’s Course | | Full Name |  | |
| Department you are applying to |  | Department | Discipline you are applying to |  | Discipline |

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| Application Procedures for Admission  1) In principle, submit this application form to your academic supervisor at least one month prior to the application date.  2) The department will deliberate whether you are eligible to apply for the "Special Screening for International Students".  3) If the application is deemed eligible, the department will affix its seal of approval to the bottom of the application form and return it to the applicant through the desired academic supervisor.  If not approved, the applicant will be treated as "General Screening". This application form must be submitted at the time of application.  (4) Please enclose this application form with your application.  The applicability of the program will be determined based on the applicant's prior  application and the screening of the department of his/her choice. | **Applicants who satisfy all the following (1) to (4).**  (1) Applicant who satisfies the requirements for application of general screening and has special grounding in the field of his/her major.  (2) Those who have nationality other than Japan and who can acquire the status of residence of "Study Abroad " at the time of enrollment.  (3) Applicants who has completed an educational course outside Japan at an educational institution outside Japan (excluding overseas partner schools of this university) (including Applicants who is expected to complete the course in September 20 2024).  (4) Applicants whose application for this screening was approved in the preliminary examination |
| **Screening Process**  This screening will be based on a comprehensive review of application materials and an interview, including an oral examination. However, depending on the course of study, a presentation or examination on a specific subject may be required. |

**■** **To be filled out by the applicant**

|  |  |  |
| --- | --- | --- |
| Examination Round | □February 　　　　　□May | \* Please check the box for the application schedule. |
| Special Screening for International Students  Reason for application eligibility  (Summary) | Please provide a summary of the reason for the application in this column and provide details on the reverse side. Please attach any relevant documents separately. | |

**■ To be filled out by the Department head**

Based on the application of the above-mentioned person, after examination and deliberation by the department, the application for "Special Screening for International Students" will be accepted in the entrance examination of the Graduate School of Integrative Science and Engineering, Tokyo City University.

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| Graduate School of Integrative Science and Engineering, Tokyo City University | | |
| Department | |  |
| Department head name | |  |
| Date of deliberation | |  |
| Examination Details |  | |

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| Academic year 2024 | Graduate School of Integrative Science and Engineering, Tokyo City University |  |
| For checking | Document checklist | Not to submit |

Applications may not be accepted if the required application documents are not submitted within the application period or if the documents are incomplete.

This is a checklist to reduce incomplete documentation. **It is not necessary to submit this checklist.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO. | Form | document | remarks | check |
| 1 | A | To be submitted by all applicants  Application Form | Please make sure that there are no omissions or circles left out. |  |
| 2 |  | To be submitted by all applicants  Printed Approval e-mail | The name of academic supervisor, name of the applicant, and a statement of approval of the application.  Please submit something that can be verified by a third party. |  |
| 3 | B | To be submitted by all applicants  Secondary Form (Photograph Ticket) | Please make sure the payment certificate printed from the payment system are attached to the application form. Please make sure the photo is pasted. |  |
| 4 | C | To be submitted by all applicants  Statement of Purpose | Please make sure there are no errors in the description.  Is there an error in the name of your department/discipline of study? |  |
| 5 |  | To be submitted by all applicants  Transcripts  (Documents at the time of undergraduate years) | Please submit the original.  International Students: Please read the application guideline page 21 to 24 carefully. |  |
| 6 |  | Transcripts  (Documents for students enrolled in a master's course) | Applicants to the Doctoral course should read the application guideline carefully on page 21 and submit it.  If you have transferred to a different school, please submit the application form for the period before the transfer. |  |
| 7 |  | To be submitted by all applicants  Graduation Certificate / Certificate of Expected Graduation (Documents at the time of undergraduate years) | Please read the application guidelines on page 21 carefully before submitting the application.  If you have transferred to a different school, please submit the application form for the period before the transfer. |  |
| 8 |  | Graduation Certificate/ Certificate of Expected Graduation (Documents for students enrolled in a master's program) | Applicants to the Doctoral course should read the application guideline carefully on page 21 and submit it.  (If you have transferred to a different school, please also submit the documents before the transfer/transfer. |  |
| 9 | D | Curriculum Vitae | **Applicants for the working adult screening must submit Form D or E.** |  |
| 10 | E | Letter of Recommendation  (Screening for working adults) | **Applicants for the working adult screening must submit Form D or E.**  **Recommendations by faculty members of TCU will not be accepted.** |  |
| 11 | F | Letter of Recommendation  (Overseas Partner Institution Admissions Scheme) | Applicants for the Overseas Partner Institution Admissions Scheme must submit Form F. |  |
| 12 | G | The summary of research in the Master’s Course, etc. and research plans in the Doctoral Course | Applicants to the Doctoral course are required to submit this form. |  |
| 13 | H | Survey form for circumstances of international students | All international applicants must submit this form.  The following documents must also be submitted.  Passport page  Residence card (if living in Japan) |  |
|  |  | Passport page | All international applicants must submit this form.  (Page with your name, photo and signature) |  |
|  |  | Residence card | All international applicants living in Japan must submit this form. (An enlarged A4-size copy of both sides of the card) |  |
| 14 | I | To be submitted by all applicants  Address label | Please make sure that the zip code and address are correct. |  |
| 15 | J | Special Screening Application Form | Applicants for the Special screening for International Students should read the Application Guidebook page 22 carefully before submitting the application. |  |
| 16 |  | Certificate of accreditation exam  TOEIC official certificate | Applicants who have requested to be exempted from taking foreign language subjects on Form A must read pages 21-25 carefully and submit the form. |  |
| 17 |  | Qualification Certificate | International students from China must read the application guideline carefully on pages 21 to 24 and submit the application form. |  |
| 18 |  | Transcript of results | International students from China must read the application guideline carefully on pages 21 to 24 and submit the application form. |  |
| 19 |  | Credentials Report | International students from China who are applying to the doctoral course must read the application guidelines on pages 21 to 24 carefully and submit the application form. |  |