

**Graduate School of**

**Integrative Science and Engineering**

Overseas Partner Institution Admissions Scheme/General Examination

**[Admission for the previous semester in academic year 2025]**

**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 |
|  |  |
| Form E | Letter of Recommendation (Screening for working adults) |
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| Form G | Letter of Recommendation  (Overseas Partner Institution Admissions Scheme) |
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| Form H | The summary of research in the Master’s Course, etc. and research plans in the Doctoral Course |
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| Form I | Survey form for international students |
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| Form J | Address stickers for an examination ticket |
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| 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 (　).

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

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| Academic year 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification Number |
| Form A | **Application Form** | \* Do not fill out this section. |

**Write the name of your academic supervisor(s) and enclose an email demonstrating your potential supervisor endorses your application.**

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| Course you are applying for | ☑Master’s Course  □ Doctoral Course | Examination Category | □ General Screening  ■ Screening for working adults  □ Special screening for overseas partner institutions |
| Department you are applying for | Informatics Department |
| The name of the discipline applying for | Information Engineering  Discipline | Name of Academic Supervisor | TOSHI Dai |
| □ Check the box if you wish to participate in the social infrastructure management program.  □ Check the box if you wish to participate in other program for adult student .( ) | | | |

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

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| Full Name | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Katakana | **ト** | **ウ** | **キ** | **ョ** | **ウ** |  |  |   Kanji  Family Name  **東　京** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **シ** | **゛** | **ロ** | **ウ** |  |  |  |  |   Given Name **次　郎** | Gender | ☑ Male □ Female | | | |
| Date of Birth | Year  **2002** | | Month  **10** | Date  **14** |
| \* To be filled out by applicants advancing internally.  Current affiliated laboratory: **Integration System Lab.**  Student Number: **2122999** | | |
| Academic background, etc. | High school | Year **2021**, Month **March**  Graduated from **Tokyo City University High School** | | | | ☑ Graduated | | |
| University | Year  **2025**, Month **March**  **Tokyo City**  University Faculty of **Science** **and** **Engineering**  Department of **Electrical, Electronics and Communication Engineering** | | | | □ Graduated  ☑ Expected to graduate | | |
| Graduate school | Year , Month  Graduate School Program Course Master’s Program | | | | □ Completed  □ Expected to complete | | |
| Work experience | If any, fill out the name of company, year and month of joining, the number of years in service, etc. | | | | | | |
| Applicant Address | Zip code **158** - **8557**  Tel (Cell phone) ( **090** )  **xxxx**  - **xxxx**  E-mail address (For external applicants only) | | | | | | | |
| Start from the name of prefecture. Please correctly fill out the name of apartment/condo.  **1-28-1 Tamazutsumi, Setagaya, Tokyo** | | | | | | | |

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| Academic year 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 | | | | □ General Screening  □ Screening for working adults  □ Special screening for overseas partner institutions | | | |
| Department you are applying to | |  | | | | Department | |
| Discipline you are applying to | |  | | | | Discipline | | Name of Academic Supervisor | | | |  | | | |
| □ Check the box if you wish to participate in the social infrastructure management program.  □ Check the box if you wish to participate in other program for working adult( ). | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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 | | |
| Department of | | |  | | | | | | |
| Graduate school | | Year | | |  | Month | |  | | | | □ Completed  □ Expected to complete | | |
| Name of university: | | |  | | | | | | |
| Name of course: | | |  | | | Major: | |  | |
| Work  Exeprience | | If any, fill out the name of company, year and month of joining, the number of years in service, etc. | | | | | | | | | | | | |
| Applicant Address | email adress | | |  | | | | | | | | | | | |
| 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 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 from the waist up, directly facing the camera, and bareheaded. It must be four cm in height and three cm in width.  3. Write down the applicant name and the name of 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 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 the form to fit each frame

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| **Reasons for applying** |
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| Academic year 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification Number |
| Form D | **Curriculum Vitae** | \* Do not fill out this section. |

**Screening for working adults**

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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 |
| Do you want to apply for tuition reduction and exemption?　　　□ Yes □ No (Check either of the boxes.) | | | | | |

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| --- | --- | --- | --- |
| Era | Year | Month | Academic Background  Fill out the final school enrolled and graduated (completed). |
|  |  |  |  |
| Era | Year | Month | Professional Experience  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.

|  |  |  |
| --- | --- | --- |
| 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 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 | ■ 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 |

* Doctoral Course

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 reason for recommending the applicant, including the applicant’s major work experience and research area.

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2. Please provide the publication of any research that falls under the categories provided in the margin.

|  |  |  |
| --- | --- | --- |
| 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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The person recommending the applicant must seal and hand it to the applicant.

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| Academic year 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 |
| University name |
| 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.

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

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

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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 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | | Identification 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 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification 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 addition, please **attach copies** of the relevant pages (pages showing their name, photograph, signature, etc.) of their passport and copies of both sides of the residence card to confirm nationality, resident status, etc.

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country or area of origin |  | | | | | | | |
| Current states of residence |  | | | | | | | |
| Current permitted duration of residence | Date from | |  | | to |  | | |
| A person who is paying for study abroad fees  \* Please fill out if the fees are paid by another person beside the applicant. | | Full Name | |  | | | Age |  |
| Relationship with the applicant | |  | | | | |
| Current Address | | Zip code – | | | | |
| Phone | |  | | | Fax |  |
| Occupation, Job Title  (Name of the place of employment) | |  | | | | |
| Address of the place of employment | | Zip code – | | | | |
| Work phone | |  | | | Work Fax |  |

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| Academic year 2025 | Graduate School of Integrative Science and Engineering, Tokyo City University | Identification Number |
| Form I | **Address stickers for an examination ticket** | Do not fill out this section. |

Shown below are the address stickers to mail the examination ticket after application procedure and the acceptance letter after examination.

Please fill out the address where the examinee receives the mail safely. The name must match the **name of the examinee.**

In addition, individual messages or assignments might be mailed before taking the examination.

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| Examinee’s name | | | | | |
| TO |  | | | | |
| □ Master’s Course　　□ Doctoral Course | | | | | |
|  | | | Department |  | Discipline |
| Name of Academic Supervisor: | |  | | | |
| \* Do not fill out this section.  Identification  Number | | | | | |

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| Academic year 2025 | 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 list is a checklist to reduce the number of incomplete documents.

**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. |  |
| 1´ |  | To be submitted by all applicants  Printed Permission e-mail | The name of the supervising professor, the name of the applicant, and a statement of acceptance of the application must be 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 that your photo and the payment certificate printed from the payment system are attached to the application form. |  |
| 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 major/area 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 15 carefully.  International students from China: Please refer to page 16 of the application guideline. Please read carefully |  |
| 5 |  | Transcripts  (Documents for students enrolled in a master's program) | Applicants to the doctoral program should read the application guideline carefully on page 11 and submit it.  If you have transferred to a different school, please submit the application form for the period before the transfer. |  |
| 6 |  | 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 12 carefully before submitting the application.  If you have transferred to a different school, please submit the application form for the period before the transfer. |  |
| 6 |  | Graduation Certificate/ Certificate of Expected Graduation (Documents for students enrolled in a master's program) | Applicants to the doctoral program should read the application guideline carefully on page 12 and submit it.  (If you have transferred to a different school, please also submit the documents before the transfer/transfer. |  |
| 7 | D | Curriculum Vitae | **Applicants for the working adult selection must submit Form D or E.** |  |
| 8 | E | Letter of Recommendation  (Screening for working adults) | **Applicants for the working adult selection must submit Form D or E.** |  |
| 9 | F | Letter of Recommendation  (Overseas Partner Institution Admissions Scheme) | Applicants for the Overseas Partner Institution Admissions Scheme must submit Form F. |  |
| 10 | G | The summary of research in the Master’s Course, etc. and research plans in the Doctoral Course | Applicants to the doctoral program are required to submit this form. |  |
| 11 | 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) |  |
| 12 | I | To be submitted by all applicants  Address label for documents | Clearly state the address for sending an acceptance letter, and other documents related to admission. |  |
| 13 |  | Qualification Certificate | International students from China must read the application guideline carefully on pages 13 and 15 and submit the application form. |  |
| 14 |  | Transcript of results | International students from China must read the application guideline carefully on pages 13 and 15 and submit the application form. |  |
| 15 |  | Credentials Report | International students from China who are applying to the doctoral program must read the application guidelines on pages 13 and 15 carefully and submit the application form. |  |