October, 2025 / April, 2026 Enrollment

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

Application Form

[General Examination] [Examination for International Students]

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| --- | --- |
| Admission No. | ※ |

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| To the President of Nagasaki University 　 Year 　　　 Month 　　 Date  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.  　Name 　　　 　　　 　Sex: Male ・ Female (Circle one)    Date of Birth: Year\_\_\_\_\_\_\_\_ Month\_\_\_\_\_\_ Date\_\_\_\_\_\_\_ | | | | | |
| Applying Department | Department of Integrated Science and Technology | | | | |
| Applying Program | Program for Water and Environmental Science | | | | |
| Time of Enrollment  （Circle one） | October Entrance / April Entrance | | | | |
| Nationality  (Slash if Japanese/**日本人は斜線**) |  | | Prospective Supervisor | |  |
| Current Address | 〒 (Zip/Postal Code)  　Email: 　　　　　　　　　　　　　　　　　　　　TEL（　　　）　　　－ | | | | |
| Name of Highest  Previous or Current Institution  /Department  ~~Graduate University / Department~~ | Institution Name：University, Others (e.g. Technical College, Specialized Course)  Department:  Country:  Graduation Date / Expected Graduation Date (Circle one): Year\_\_\_\_\_\_ Month\_\_\_\_\_\_ | | | | |
| Application Eligibility ~~of~~ | General Examination  （Circle the relevant number） | (1) ・ (2) ・ (3) ・ (4) ・ (5) ・  (6) ・ (7) ・ (8) ・ (9) ・ (10) ・（11） | | | |
| Examination for International Students  （Circle the relevant number） | | | (1) ・ (2) ・ (3) ・ (4) ・ (5) | |

Note: Do not fill in ※ marked box. (Admission No.)

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| Personal Records | | | | | |
| Educational  Background | Name of the educational institutions | Term of Study | Date of Enrollment / Graduation | | Qualification (Degree) |
|  | Year(s) | Enrollment Year\_\_ Month  Graduation Year Month | |  |
|  | Year(s) | Enrollment Year Month  Graduation Year Month | |  |
|  | Year(s) | Enrollment Year Month  Graduation Year Month | |  |
|  | Year(s) | Enrollment Year Month  Graduation (Expected) Year Month | |  |
|  | Year(s) | Enrollment Year Month  Year Month | |  |
|  | Year(s) | Enrollment Year Month  Year Month | |  |
| Employment  History | Place of Employment (Job Title) | Period of Employment | | | |
|  | Year(s) | From Year Month  To Year Month | | |
|  | Year(s) | From Year Month  To Year Month | | |
|  | Year(s) | From Year Month  To 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\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_    Name (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.