

# Application for Admission to Graduate Study

(Joint Japan/World Bank Graduate Scholarship Program)

Graduate School for International Development and Cooperation

HIROSHIMA UNIVERSITY (Master' s Program)

Division to apply (Check one box)	Division of Development Science	<input type="checkbox"/> Development Policy Course <input type="checkbox"/> Development Technology Course <input type="checkbox"/> Peace and Coexistence Course*1	<b>Attach photograph</b>  Note: ·front view ·upper half of the body ·without hat ·3×4 cm ·taken within the past three months ·write your name on the reverse side of the photo
	Division of Educational Development and Cultural and Regional Studies	<input type="checkbox"/> Educational Development Course <input type="checkbox"/> Cultural and Regional Studies Course*2	

\*1,2 The courses available for JJ/WBGSP applicants do not include those related to studies in diplomacy or international relations.

		*4 Applicant Number	M	
*5 Name in Both English and Native Language	Surname: English		Given Name:	
	Surname: Native Language		Given Name:	
Date of Birth	Month / Day / Year / 19	Sex (Check one box)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Age at Time of Entrance		Nationality		
*6 Requesting Supervisors	First		Second	
Semester Planning to Register	<input type="checkbox"/> <del>From April 2012</del> <input checked="" type="checkbox"/> From October 2012			
<b>Highest Education Level Attained</b>				
Name of Institution				
Faculty/Department				
Major				
Name of the Degree				
Date of the Degree received (expected)	Month / Year /			
<b>Address</b>				
Current Mailing Address	Phone: - -			
Permanent Address	Phone: - -			
E-Mail Address				

\*3, \*4 For Official Use

\*5 Write your name exactly as it appears in your passport. Applicants who do not have surname should write your full name in the blank of "Given Name".

\*6 List professor's names and/or associate professors with whom you would like to study.

## Educational Background

	Name and Location of School	Duration of Schooling	Diploma/Degree
Elementary Education		Month / Year from: / 19 to: / 19	
Lower Secondary Education		from: / 19 to: / 19	
Upper Secondary Education		from: / to: /	
Higher Education Undergraduate Level		from: / to: /	
Graduate Level		from: / to: /	

Total years of schooling mentioned above: \_\_\_\_\_ years

## Employment History

Name and Location of Organization	Period of Employment	Position	Type of Work
Name: Location:	Month / Year from: / to: /		
Name: Location:	from: / to: /		
Name: Location:	from: / to: /		
Name: Location:	from: / to: /		

I hereby certify that the above information is true and accurate.

Date: \_\_\_\_\_

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

# Research Proposal

(Page of )

Name		Applicant Number	* M

Graduate school for International Development and Cooperation, HIROSHIMA UNIVERSITY

\* For office use

Note: If you need an extra form, please make a copy of this form.