

International Environmental Security Leadership Program (IESLP)  
Graduate School of Environmental Studies, Tohoku University  
**APPLICATION FOR ADMISSION**

IESLP 2024

Please type or neatly print in English. Check the appropriate boxes. Do not staple documents.

Applicant's registration number (for office use)				<div style="border: 1px dashed black; padding: 5px;"> <p><b>Photograph</b> 4cm×3cm (1.6in×1.2in)</p> <p>Digital photo acceptable Write your LAST name on the back side.</p> </div>
<input type="checkbox"/> Master's course <input type="checkbox"/> Doctoral course				
<b>Name in English</b>				
<b>In Chinese Characters</b> (if applicable)	Family name / First name			
<b>Date of birth</b>	Year	Month	Day	<b>Nationality</b>
<b>Age</b> (as of April 1, 2024)				
<b>Gender</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Present status</b> (with name and address of university or employer)				
<b>Present mailing address</b>	Phone number _____ Fax number _____ E-mail address _____			
<b>Permanent address</b> (if different from above)	Phone number _____ Fax number _____			
<b>Expected laboratory</b>				
<b>Expected supervisor</b>				
<b>Have you ever received the MEXT (Japanese Government) scholarship?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: [Program] [Host institution] [Term] From _____ / _____ to _____ / _____ (yyyy/mm)				
<b>For master's course candidate:</b>				
<b>Do you intend to continue to study in the doctoral course of the IESLP?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you intend to enter IESLP even if you are NOT awarded the MEXT scholarship?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you applying for, or going to receive, any other scholarships?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide some information of the scholarship. (Name, sponsor, duration, etc.)				
<b>Are you applying for any other graduate schools?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List institutions, programs, or positions you are currently applying for. (Optional)</b>				
安全保障輸出管理 (for office use)	<input type="checkbox"/> 承認済み (承認日:    月    日) <input type="checkbox"/> 手続不要 <input type="checkbox"/> その他			
	(確認事務担当者氏名: _____ )			

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IESLP 2024

Educational background				
	Name and address of School	Year, month and date of entrance and completion (yyyy / mm / dd)*required	Amount of time spent at the school attended	When taking leave of absence, the period and reason
Elementary Education / Elementary School	Name Location	From To	years and months	
Secondary Education / Lower Secondary School	Name Location	From To	years and months	
Upper Secondary School	Name Location	From To	years and months	
Higher Education / Undergraduate Level	Name Location	From To	years and months	
Graduate level	Name Location	From To	years and months	
Total years of schooling mentioned above		years		
Research activities record				
Name of institution		Position	From (yyyy / mm / dd) to	Number of years
			From To	
			From To	
			From To	
Employment record				
Name of office		Position	From (yyyy / mm / dd) to	Number of years
			From To	
			From To	
			From To	
Name	Family name			
	First name			
	Middle name			
Degree	Type or name	Acquired date	Name of institution	
For those who submit the certificate of expected graduation or provisional certificate: Do you guarantee to submit the certificate of graduation/completion and diploma by September 30, 2024 in case you are accepted as an IESLP student?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever visited or stayed in Japan?		<input type="checkbox"/> Yes (list from your most recent visit)		<input type="checkbox"/> No
Date (yyyy/mm/dd)	Purpose of stay (e.g. sightseeing, visit my sister, exchange programs, etc.)			
From				
To				
From				
To				
What is your primary (first) language? _____				
I hereby certify that the information on this application form is true and complete. I understand that the falsification in any of the information on the form may result in admission denial.				
Signature: _____		Date (yyyy/mm/dd): _____		