

Photo

(5cm high×4cm wide) must show upper body, facing front With no hat, and have been taken within three months of application.

志望専攻 専攻 受験記号番号

* Please DO NOT fill in the above blanks

FORM (1/5)

In A4 sized (21cm × 29.5cm) printing

2018 Academic Year

APPLICATION FOR AUTUMN ENROLLMENT IN INTERNATIONAL ROBOTICS PROGRAM INTERNATIONAL MECHANICAL AND AEROSPACE ENGINEERING COURSE (IMAC-G) 平成 30 年度 国際機械工学コース (国際ロボティクスプログラム) 入学願書 (October 2018 enrollment) (平成 30 年 10 月入学)

INSTRUCTIONS (記入上の注意)

- 1. The application should be typed if possible, or neatly handwritten in block letters. (明瞭に記入すること。)
2. Numbers should be in Arabic numerals. (数字は算用数字を用いること。)
3. Years should be written using the Anno Domini system. (年号はすべて西暦とすること。)
4. Proper nouns should be written in full and not abbreviated. (固有名詞はすべて正式な名称とし、一切省略しないこと。)

Master's Degree Program

Doctoral Degree Program

(Gender)

Male (男)

Female (女)

1. Name in full in Roman block capitals (姓名 (ローマ字)) (Family name) (First name) (Middle name)

2. Date of birth (生年月日) Year (年) Month (月) Day (日) Age (as of October 1, 2018) 年齢 (2018 年 10 月 1 日現在)

3. Department and supervisor to which you wish to apply (志望専攻名・受入(希望)教員名)

Department of / Prof. Associate Prof. *You should contact the supervisor of your choice before applying.

4. Desired examination venue (希望受験地)

Country (国) : City (都市) :

*The school will designate where to hold examinations in consideration of the applicant's place of residence specified in this Application Form, as well as the number of applicants from each country. Tohoku University does not guarantee the availability of examinations outside of Japan. (受験地は、願書に記載された志願者の居住国およびその国からの出願者数等を考慮し、当校で指定します。これは日本国外における入学試験実施を保障するものではありません。)

5. The institution from which you have graduated / will graduate. (卒業した、あるいは卒業予定の機関)

Institution (機関) Year (年) Month (月)

6. Do you wish to apply for MEXT scholarship? Yes No (国費外国人留学生奨学金の申請を希望しますか)

7. Do you wish to enter this program even without MEXT scholarship? Yes No (国費外国人留学生奨学生に採用されなくても入学を希望しますか)

* I swear the above is a true statement (上記のとおり相違ありません)

Date of application: (申請年月日)

Applicant's signature: (申請者署名)

Applicant's name (In Roman block capitals): (申請者氏名)

To Department Head of the Division of Mechanical Engineering

Letter of Acceptance

1. Department of the applicant's preference:

2. Name of the applicant:

I agree to supervise the above applicant when the applicant passes the entrance examination of IMAC-G (IRP).

Date:

Name of professor (Print):

Signature:

The supervisor who supervise the above applicant needs to fill in the following question about security export control.

(安全保障輸出管理に関する下記の質問に、受入れを予定している指導教員が記入してください。)

The check about security export control (安全保障輸出管理に関する確認)

志願者が外国人であるため、「『基本フロー図』及び『留学生・外国人研究生受入れチェックフロー図』(※)に基づき、以下のとおり確認を行いました。

受入れ予定教員 (所属・氏名) _____ ㊟

承認済み (既に「輸出管理シート」により判定手続を完了し、承認を得ている。)

【承認日： ___月___日 承認部局： _____】

手続不要 (「基本フロー図」及び「留学生・外国人研究生受入れチェックフロー図」により、判定手続が不要であることを確認した。)

現時点では手続が完了していないが、試験日までには完了する見込みである。

(※ : 「東北大学における安全保障輸出管理」 HP http://www.rpip.tohoku.ac.jp/gakunai/anzen/gakunai_kakotsuchi.html)

Examination admission ticket

IMAC-G IRP	<input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctoral Degree Program	Entrance Exam. ID-No.	
---------------	--	-----------------------	--

* Please DO NOT fill in the above blanks

OCTOBER 2018 ENROLLMENT IN INTERNATIONAL ROBOTICS PROGRAM
INTERNATIONAL MECHANICAL AND AEROSPACE ENGINEERING COURSE (IMAC-G)

Name in full (English) _____ (Gender)
 (Family name) (First name) (Middle name) Male
 Female

Nationality _____

Department and supervisor to which you wish to apply

Department of _____

Prof. Associate Prof. _____

Note1: After you apply, this Exam admission ticket will be sent back to you. Be sure to bring it with you on the exam day. (出願後この受験票は返送されますので、試験当日必ず持参してください。)

Note2: Notification of Success in the exam will be announced by the examinee' number on the ticket. So please keep it until the day of publishment for the exam result. (受験票上の受験番号は、合格発表時に利用します。受験票は、合格発表時まで大切に保管してください。)

Address Labels (受験票, 合否通知書, 及び受験許可書 (受験ビザ取得のため) を送付するための宛名ラベル)

Fill in the receiver's name and address on the following labels.

* For sending the "Examination Admission Ticket"

To: _____
Address: _____ _____
Postal code _____ TEL _____
(Examination Admission Ticket)

* For sending the "Notification of Result"

To: _____
Address: _____ _____
Postal code _____ TEL _____
(Notification of Result)

[if applicable] (該当する場合)

* For sending the "Examination Permit" for acquiring "Temporary Visitor VISA (for examination)"

To: _____
Address: _____ _____
Postal code _____ TEL _____
(Examination permit)

Note: Acquiring VISA for Examination (Temporary Visitor VISA)

Applicants who live outside Japan for Master's Program in Graduate School of Engineering, Tohoku University and need to acquire "Temporary Visitor VISA (for examination)" should get "examination permit" which our university issue after we receive your application.

Those desiring us to issue "Examination Permit" should include a request letter (any format) and send the letter with application documents. Additionally, it is necessary to send a photo (5cm long × 4cm wide) aside from the photo for "photo ID". Please write down department name of your choice and your name on the reverse side of the photo. (Mailing Address: See 13. Contact Information.)

健康診断書
CERTIFICATE OF HEALTH (to be completed by examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name: _____, _____, _____
Family name First name Middle name
男 Male 生年月日 Date of Birth: _____ 年齢 Age: _____
女 Female

1. 身体検査
Physical Examinations

- (1) 身長 Height _____ cm. 体重 Weight _____ kg.
- (2) 血圧 Blood pressure _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

A B O	RH	+
		-

 脈拍 Pulse 整 regular 不整 irregular
- (3) 視力 Eyesight: (R) _____ (L) _____
裸眼 without glasses 矯正 with glasses or contact lenses 色覚異常の有無 color blindness 正常 normal 異常 impaired
- (4) 聴力 Hearing: 正常 normal 低下 impaired 言語 Speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入して下さい。X線検査の日付も記入すること（6ヶ月以上前の検査は無効）。
Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

← Date _____
Film No. _____

異常がある場合
心電図

Electrocardiograph: 正常 normal 異常 impaired

Describe the condition of applicant's lung.

3. 現在治療中の病気 Disease Treated at Present Yes (Disease: _____) No

4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery

Tuberculosis..... (. . .) Malaria..... (. . .) Other Communicable Disease..... (. . .)
Epilepsy..... (. . .) Kidney Disease..... (. . .) Heart Diseases..... (. . .)
Diabetes..... (. . .) Drug Allergy..... (. . .) Psychosis..... (. . .)
Functional Disorder in extremities..... (. . .)

5. 検査 Laboratory tests

検尿 Urinalysis: glucose (), protein (), occult blood ()

赤沈 ESR: _____ mm/Hr, WBC count: _____ /cmm 貧血 anemia

Hemoglobin: _____ gm/dl, GPT: _____

6. 診断医の印象を述べてください。
Please describe your impression.

7. 志願者の既往歴、診察、検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思えますか？
In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan? yes no

日付 Date: _____ 署名 Signature: _____

医師氏名 Physician's Name in Print: _____

検査施設名 Office / Institution: _____

所在地 Address: _____