

AY 2026

Kyoto University Graduate School of Asian and African Area Studies

Application for Doctoral Program Third Year Transfer Admission

Photograph
(4 cm x 3 cm)

- Front-facing, head-and-shoulders, hatless photo taken in the last three months.
- Write your full name on the reverse side.
- Apply ample glue to the reverse side.

Applicant No.

(Office Use Only)

Division	<input type="checkbox"/> Division of Southeast Asian Area Studies
	<input type="checkbox"/> Division of African Area Studies
	<input type="checkbox"/> Division of Global Area Studies

Name	----- Legibly print your full name; your student records will be based on this.		
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Date of Birth	(Y)___/(M)___/(D)___	Sex	<input type="checkbox"/> M / <input type="checkbox"/> F
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Type of International Student	<input type="checkbox"/> Japanese government scholarship student (Monbukagakusho Scholarship)	Nationality	
	<input type="checkbox"/> Foreign government scholarship student	Name (in English)	Only for students from countries that use Chinese characters
	<input type="checkbox"/> Self-financed student	Status of Residence	<input type="checkbox"/> College Student <input type="checkbox"/> Other ()

University	Enrolled: (Y)___/(M)___/(D)___	<input type="checkbox"/> National University:	
	<input type="checkbox"/> Graduated: (Y)___/(M)___/(D)___	<input type="checkbox"/> Public	
	<input type="checkbox"/> Scheduled to graduate: *Enter exact date from graduation certificate.	<input type="checkbox"/> Private Faculty:	Department:

Graduate School	Enrolled: (Y)___/(M)___/(D)___	<input type="checkbox"/> National University:	Graduate school:
	<input type="checkbox"/> Completed: (Y)___/(M)___/(D)___	<input type="checkbox"/> Public	
	<input type="checkbox"/> Scheduled to complete: *Enter exact date from completion certificate.	<input type="checkbox"/> Private Division/Department:	Program:

Status at Time of Application	<input type="checkbox"/> Undergraduate student	KU students: Enter student ID number →	
	<input type="checkbox"/> Graduate student	KU students: Enter student ID number →	
	<input type="checkbox"/> Employee (Enter details at right)	Affiliation	From: (Y)___/(M)___ To: (Y)___/(M)___
	<input type="checkbox"/> Research student (Enter details at right)		

Current Address	Tel () — Mobile phone () —
	E-mail @

Contact Address (if different from above)	Tel () — Mobile phone () —
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(Complete both sides)

Instructions for Completion [Application for Admission, Curriculum Vitae, Photograph Card, Examination Ticket]

- ① Complete all sections within the bold lines using a ballpoint pen. Please print legibly.
- ② Be sure to check all applicable check boxes ().

履歴書 (Curriculum Vitae)

氏 名 Name in full	Family NameFirst NameMiddle Name	国籍 Nationality	
生年月日 Date of Birth	年 月 日 Year Month Day 年齢 Age (才)	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female

◇ 学歴 (Educational Background)

	学 校 名 所 在 地 Name and Address of School	正規の 修学年数 Officially Required Years for Graduation	入学及び卒業年月 Year and Month of Entrance and Completion			修学年数 Period of Schooling You Have Attended		学位・資格 専攻科目 Diploma or Degree Awarded, Major subject
				Year	Month	yrs	month	
初 等 教 育 Elementary Education 小 学 校 Elementary School	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to					
中 等 教 育 Secondary Education 中 学 校 Lower Secondary School	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to					
※日本の大学を卒業した者は、高等学校以降の学歴を記載すればよい。								
高 等 学 校 Upper Secondary School	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to					
高 等 教 育 Higher Education 大 学 Undergraduate Level	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to					
大 学 院 Graduate Level	学校名 Name 所在地 Location	年 yrs	入学 from 修了 to					
以上を通算した全学校教育修学年数 Total years of schooling mentioned above		年 yrs	合計 Total					
研 究 生 Research Student	学校名 Name 所在地 Location	年 yrs	入学 from 卒業 to					

◇ 職歴 (Employment Record. Begin with the Most Recent Employment, If Applicable)

勤務先名 Name of Organization	所在地 Address	役職名 Position	職務内容 Type of Work	在職期間 Period of Employment	年数 yrs
				from to	
				from to	
				from to	

(注) 記入は、日本語又はローマ字体を用いてください。 Please type or print in Japanese or English.
上欄に書ききれない場合には、適当な別紙に記入して添付すること。
If the blank spaces above are not sufficient for information required, please attach a separate sheet.

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African Area Studies
Photograph Card

Applicant No. <small>(Office Use Only)</small>	
Name	
Division	<input type="checkbox"/> Division of Southeast Asian Area Studies
	<input type="checkbox"/> Division of African Area Studies
	<input type="checkbox"/> Division of Global Area Studies

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Date taken: (Y) ____/(M) ____

[Examination Voucher on reverse]

Do not detach.

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Area Studies

Examination Ticket

Applicant No. <small>(Office Use Only)</small>	
Name	
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	<input type="checkbox"/> Division of African Area Studies
	<input type="checkbox"/> Division of Global Area Studies

Photograph
(4 x 3 cm)

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- Write your full name on the reverse side.
- Apply ample glue to the reverse side.

Date taken: (Y) ____/(M) ____

Do not detach.