Form 1

|  |
| --- |
| Date: (yyyy/mm/dd)To: Director of the Joining and Welding Research Institute, The University of Osaka　　　　　　　　　　　　　　　　Name: 　　　　　　　　　　 　　　　　　　　　　　　　 Signature: 　　　　　　　　　　　　 Date of birth: (yyyy/mm/dd) 　　　　　　　　　**Application for Admission as Special Research Student/Research Student**I hereby apply for admission to the Joining and Welding Research Institute (JWRI), the University of Osaka, as stated below.1. Research theme:
2. Name of prospective academic advisor at the JWRI:
3. Division and Department at the JWRI:

 Division: Department:1. Research period:

 From: (yyyy/mm/dd) To: (yyyy/mm/dd)1. Special reason for applying for mid-year admission (only if applicable)
2. I wish to be admitted to the JWRI even if I am not accepted for the JWRI Dojo Program.

 Yes No |

Joining and Welding Research Institute, The University of Osaka

Form 2

|  |
| --- |
| Photo(4cm x 3cm) |

|  |  |  |
| --- | --- | --- |
| Name (same aswritten on yourpassport) | 　　　　　　　　　　　　　　　　　　　Signature  | MaleFemale |
| (in Chinesecharacters, if any) |  |
| Date of birth | (yyyy/mm/dd) Age: |

Resume

(Date: (yyyy/mm/dd))

|  |  |  |
| --- | --- | --- |
|  |  | Nationality/region |
| Current home address/Zip code |  | Telephone No. |
| Work address/ Zip code |  | Telephone No. |
| Year | Month | Day | Education after elementary school  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Work experience |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Joining and Welding Research Institute, The University of Osaka

Form 3

|  |
| --- |
| Date: 　　　　　　(yyyy/mm/dd)To: Director of the Joining and Welding Research Institute,The University of Osaka**Letter of Guarantee**Name of Special Research Student/Research Student applicant: 　　 　　　　　　　　　　　　　　　　　 　 Date of birth: 　　 　　　　　　　　　　　　　(yyyy/mm/dd)I hereby guarantee that if the above-named applicant is admitted to the Joining and Welding Research Institute (JWRI), the University of Osaka, he/she will comply with all the applicable regulations of the university,and I will be jointly responsible for payment of the tuition fee, thereby ensuring that he/she will cause no trouble to the university. Name of the guarantor: 　　　Signature Current address (Zip code: ) Telephone No.: Relationship with the applicant: |

Note: In principle, the guarantor should be the applicant’s father, mother, elder brother, elder sister, relative, or acquaintance in this order. To change the guarantor, the Request for Change form should be submitted.

様式　４

**研 究 従 事 内 容 調 書・受 入 内 諾 書**

**(Research Description/Certificate of Acceptance to be filled out by Academic Advisor)**

　　氏　　　　　名

　　生　年　月　日 　　　　　　　年　　月　　日

　　国　籍・地　域

　　在 学 期 間 　　　　　　年　　月 　日　～　　　年　　月　　日

　　受　入　分　野

　上記の者、本研究所の（特別研究学生・研究生）として下記のとおり、研究に従事する予定の者である。

|  |
| --- |
|  研究題目 |
| 　　 |
|  研究従事内容･指導方法等 |
|  |
| 研究従事態様 | 　週平均　　　時間・　１月平均　　　日 |

年　　月　　日

大阪大学接合科学研究所　　　　　　　部門　　　分野

（受入れ教員・氏名　　　　　　　　　　　印）

大阪大学接合科学研究所長　　藤 井 英 俊　（公印省略）

【REFERENCE】Form 4

**Research Description/Certificate of Acceptance**

Name:

Date of birth:

Nationality/region:

Enrollment period:

From:

To:

Department:

This is to certify that the above-named person is accepted as a special research student/research student by the Joining and Welding Research Institute (JWRI), the University of Osaka, to engage in research as stated below.

|  |
| --- |
| Research theme |
|  |
| Research description, method of guidance, etc. |
|  |
| Engage in research ( ) hours a week and ( ) days a month on average. |

Date:

Division of ( ), Department of ( )

Joining and Welding Research Institute, The University of Osaka

(Academic advisor in charge: Seal/signature)

FUJII Hidetoshi, Director,

Joining and Welding Research Institute, The University of Osaka (Official seal omitted)

(Attachment)

Payment of Application Fee

Joining and Welding Research Institute, The University of Osaka

Please transfer the application fee to the following bank account. The bank transfer fee should be paid by the applicant.

The bank transfer should be made in the name of the applicant.

**【Application Fee】 9,800 JPY**

【Bank Account】

SUMITOMO MITSUI BANKING CORPORATION, TOYONAKA BRANCH

Saving Account/Ordinary Deposit 7484920
Account Holder: Osaka Daigaku Setsugo Kagaku Kenkyujo

※ For Overseas Remittance:

Beneficiary Bank：SUMITOMO MITSUI BANKING CORPORATION

Bank Code ：0009（Swift Code：SMBCJPJT）

Name of Branch ：TOYONAKA BRANCH

Branch Code ：154

Address of Branch：1-9-5, Hommachi, Toyonaka-shi, Osaka, 560-0021, Japan

Account Type ：Saving Account / Ordinary Deposit

Account No. ：7484920

Account Holder ：NATIONAL UNIVERSITY CORPORATION OSAKA UNIVERSITY

If you have any question, please contact the Accountant Unit of the Joining and Welding Research Institute, the University of Osaka (E-mail: setugouken-kaikei@office.osaka-u.ac.jp).