

2025 Academic Year Tohoku University, Graduate School of Life Sciences		Application for Advancing to the Doctoral Program		Exam No.	
Current supervisor's seal of approval		To the President of Tohoku University, I hereby request permission to advance to the Doctoral Course of the Graduate School of Life Sciences as of <u>October 1, 2025.</u> (* If the current supervisor and the Doctoral course supervisor are the same, the seal in the "Doctoral course supervisor's seal of approval" column is not required.			
Doctoral course supervisor's seal of approval(*)					
Department and lab. name after advancing to the Doctoral course		Department of (Lab. name:)			
Supervisor's name for the Doctoral course					
Current department and lab. name		Department of (Lab. name:)			
Name (Kanji if there are)		Gender	Date of birth (yyyy/mm/dd)		Nationality (for Japanese students place of family register (prefecture name))
		<input type="checkbox"/> M <input type="checkbox"/> F			
Furigana					
Name (Alphabet)					
	(Family name),	(First name),	(Middle name)		
Current student ID number: BM					
Education and work history (From high school and later)	Year Month (Graduation)				
	Major:				
	Year Month (Enrollment)				
	Major:				
	Year Month (Graduation)				
	Master's Course, Graduate School of Life Sciences, Year Month Tohoku University (Enrollment)				
	2025 September Year Month Master's Course, Graduate School of Life Sciences, Tohoku University (Expected Completion)				
	Year Month				
	Year Month				
Plans after advancing to the Doctoral Course (only for those who are currently employed) <input type="checkbox"/> Continue the job <input type="checkbox"/> Temporary leave of absence <input type="checkbox"/> Resign from the job <input type="checkbox"/> Other (
Research history (including as a research student)	Name of research institute (position)		Reseach period (yyyy/mm - yyyy/mm)		
			-		
			-		
			-		
Degrees	Name of degree		Date of obtaining (yyyy/mm)	Name of university or institution granting the degree	
Current address	Postal code:				
	Tel:		E-mail:		@dc.tohoku.ac.jp
<div><div><div>• Please fill in the application form by PC or handwriting (using black ink) clearly, except for the column for examination number. Check the relevant box with a ✓ when necessary.</div><div>• Please fill in the lab. name in addition to the name of the department.</div><div>• Please be sure to write your name in the alphabet. For applicants with foreign nationality, please write your name in English in the following order: Family name, First name, Middle name.</div></div><div>Application period: June 23, 2025 (Mon) - 17:00 July 4, 2025 (Fri) Place of submission: Academic Affairs Section, Graduate School of Life Sciences (If you wish to submit it by university mail Gakunaibin, please be sure to let us know by e-mail that you have sent the form.)</div></div> <td>願書受領印</td>					願書受領印