

**2026 Academic Year**  
Tohoku University, Graduate  
School of Life Sciences

## Application for Advancing to the Doctoral Program

Exam No.	
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Current supervisor's signature of approval	
Doctoral course supervisor's signature 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 April 1, 2026.**

(\*) If the current supervisor and the Doctoral course supervisor are the same, the seal in the "Doctoral course supervisor's signature of approval" column is not required.

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 <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (yyyy/mm/dd)	Nationality (for Japanese students place of family register (prefecture name))
Furigana				
Name (Alphabet)	(Family name), (First name), (Middle name)			
<b>Current student ID number :</b> _____ BM				
Education and work history (From high school and later)	Year	Month	(Graduation)	
	Major:			
	Year	Month	(Enrollment)	
	Major:			
	Year	Month	(Graduation)	
	Year	Month	Master's Course, Graduate School of Life Sciences, Tohoku University (Enrollment)	
	<b>2026</b> Year	<b>March</b> 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)		Research 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: _____	

- 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.
- Please fill in the lab. name in addition to the name of the department.
- 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.

**Application period: January 5, 2026 (Mon) - 17:00 January 13, 2026 (Tue)**  
**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)**

願書受領印