2027 Academic Year

Tohoku University, Graduate School of Life Sciences

Application for Advancing to the Doctoral Program

Exam No.	

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, 2027.

(*) 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 ☐M ☐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)			

Current student ID number: BM

Education and work history (From high school and later)	Year	Month	(Graduation)
	Year	Month	Major: (Enrollment)
	Year	Month	Major: (Graduation)
	Year	Month	Master's Course, Graduate School of Life Sciences, Tohoku University (Enrollment)
	2027 Year	***March*** 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) ☐Continue the job ☐Temporary leave of absence ☐Resign from the job ☐Other (		

Research history (including as a research student)	Name of research institute (position)	Reseach period (yyyy/mm - yyyy/mm)
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		-
		-

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 4, 2027(Mon.) - 17:00 January 12 2027 (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 that you have sent the form.)

願書受領印