## **Application Form for Preliminary Screening of Application Eligibility** (English Track Curriculum)

| To the Dean of, (Name of your desired Graduate School) |   |              |                   |                               |       |                    |                    |   |
|--|---|--------------|-------------------|-------------------------------|-------|--------------------|--------------------|---|
| I hereby apply   | for preliminary   | screening of | application eligi | bility togethe                | er wi | ith all required d | locuments.         |   |
|  | [Note] Do not fill in the fie   |              |                   |                               |       |                    | in the field b     | elow.   |
|  |   |              |                   |                               |       | Application Nun    |                    |   |
|  |   |              |                   |                               | L     |                    |                    |   |
| Desired<br>Graduate<br>School/<br>Course/<br>Program   | Graduate School:  |              |                   |                               |       |                    |                    | Space for   |
|  | Course :  |              |                   |                               |       |                    |                    | <b>Pasting Photo</b>                                  |
|  | Program (Select either one) *1  Standard  |              |                   |                               | [     | Professiona        | 1 Intensive        | <ol> <li>Showing frontal view of full face</li> </ol> |
|  | Program (Select either one)   |              |                   | Doctoral                      |       |                    |                    | without<br>background                                 |
| Name   | (Family name)   |              |                   | (First name / Middle name)    |       |                    |                    | 2. Taken within three months                          |
|  |   |              |                   |                               |       |                    | 3. Size of 4cm×3cm |   |
| Date of Birth  |   |              | (yyyy/mm/dd)      | Gender<br>(Select either one) |       | Male<br>Female     | Nationality        |   |
| Desired Season<br>of Entrance<br>(Select either one)   | ☐ Fall Admission 2025 ☐ April Admission 2026  |              |                   |                               |       |                    |                    |   |
| Contact<br>Information<br>in Japan                     | [Note] Toyo University will send you the result of preliminary screening to this address. Please write contact information in Japan   |              |                   |                               |       |                    |                    |   |
|  | (Postal code)   |              |                   |                               |       |                    |                    |   |
|  | (Address)   |              |                   |                               |       |                    |                    |   |
|  | TEL: Home   |              | (                 | )                             |       |                    |                    |   |
|  | Mobil   | e            | (                 | )                             |       |                    |                    |   |
|  | Email:  |              |                   |                               |       |                    |                    |   |
| Emergency<br>Contact Person<br>in Japan                | Name  |              |                   |                               |       | Relationship       |                    |   |
| [Note]<br>Other than yourself                          | TEL   |              | (                 |                               | )     |                    |                    |   |
| Application<br>Documents                               | <ul> <li>Application Form for Preliminary Screening of Application Eligibility (this form) (Form designated by the university)</li> <li>Personal History Form (Form designated by the university)</li> <li>Certificate of Graduation issued by the last university you attended (a photocopy acceptable)</li> <li>Academic Transcript issued by the last university you attended (a photocopy acceptable)</li> <li>(If you transferred from another university, please submit the transcripts issued by that former university in addition to the transcript by the last university you attended.)</li> <li>Certificate clearly stating the degree obtained (a photocopy acceptable) (only if you have a degree)</li> </ul> |              |                   |                               |       |                    |                    |   |

Only for the applicants who need to go through the preliminary screening of application eligibility, please submit this form and necessary documents. (Refer to "Preliminary Screening of Application Eligibility")

<sup>\*1.</sup> For the applicants to the Course of Public-Private Partnership, please select either "Standard" or "Professional Intensive" in the Program section.