**Form A**

**EDUCATION PROGRAM FOR AI AND DATA SCIENCE SPECIALISTS (EPAD)**

**(Doctor Course / Second Application)**

**GRADUATE SCHOOL OF SCIENCE AND ENGINEERING**

**SAGA UNIVERSITY**

**2024**

APPLICATION FORM

INSTRUCTIONS （記入上の注意）

1. The application should be typewritten if possible, or neatly handwritten in block capitals.  
   （タイプまたは手書きのブロック体で明瞭に記入すること。）
2. Numbers should be written in Arabic figures.  
   （数字は算用数字を用いること。）
3. Year should be written in the Anno Domini system.  
   （年号はすべて西暦とすること。）
4. Proper nouns should be written in full, and not be abbreviated.  
   （固有名詞はすべて正式な名称とし、一切省略しないこと。）
5. Write your name and the address within the box below for notifying the result of the selection. This box will be used for the addressing stickers.  
   （合格通知書等を送付するので氏名と住所を下記欄に記入のこと｡この欄は住所ラベルとして使用する。）

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| --- | --- |
| Name (in block capitals): |  |
| Present address: |  |
| Telephone number: |  |

EDUCATION PROGRAM FOR AI AND DATA SCIENCE SPECIALISTS (EPAD)

GRADUATE SCHOOL OF SCIENCE AND ENGINEERING,

(DOCTOR COURSE / Second Application)

2024年度佐賀大学大学院理工学研究科（博士後期課程）

AI・データサイエンス高度人材育成プログラム（EPAD）第2次募集

入学志願票

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Preferred course (choose one of the following)（希望するコースを以下から1つ選択すること） | | | | | | | | | | | |
|  | Mathematical and Information Science  Mechanical and Electrical Energy Engineering  Biomedical and Material Engineering | | | | | | | | Paste a passport sized photograph or digital image taken within the past 6 months. Write your name and nationality in block letters on the back of the photo.  (4.5cm × 3.5cm photo)  (写真 4.5cm × 3.5cm) | | | |
| Name of the desired supervisor（指導を希望する主指導教員名）: | | | | | | | |
| Research Field（研究分野）: | | | | | | | |
|  | Japanese language background, if any（日本語の学習歴）:   1. Name and address of institution（学習機関及びその住所）: | | | | | | | | | | | |
|  | 1. Period of study（学習期間）: | | | | | | | | | | | |
|  | From Year（年）: |  | Month（月）: | |  | To Year（年）: | |  | | | Month（月）: |  |
|  | Years（年間）: |  |  | |  |  | |  | | |  |  |
|  | 1. Name of teacher（教師名）: | | | | | | | | | | | |
|  | Family background（家族状況）: | | | | | | | | | | | |
| Name（名前） | | | Relationship（続柄） | | | Age（年齢） | | | Occupation（職業） | | |
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|  | Will you apply for Admission with private-expense, if you are not admitted as Monbukagakusho Scholarship Student?（もし文部科学省奨学金学生として認められない場合、私費で入学を申請しますか。）  Yes, No, |
|  | Is there anyone in your family who has been awarded or is applying for the Japanese Government Scholarship? If yes, please give his/her name.  （家族の中に国費留学生に採用されている者、もしくは申請中の者があるか。もし、あるならば、その者の氏名を記入すること。） |

＊ Attach a summary of the papers, etc. listed in Form B-14.（Form Bの14に記載した論文等の概要を添付すること。）

|  |  |
| --- | --- |
| Date of application（申請年月日）: |  |
| Applicant’s signature（申請者署名）: |  |
| Applicant’s name (in block capitals)（申請者氏名）: |  |