

**GRADUATE PROGRAM APPLICATION FORM**  
**for October 2017 admission**

Infrastructure Management Program, Yokohama National University

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**Note to applicants:** This application form consists of two pages. **Type** or **print** clearly. This form must be accompanied by the other required documents described in the application information.

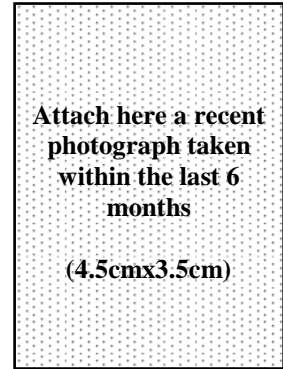
1. Program to which you are applying:  Master's Degree Program

2. Field of study:  Infrastructure Management

3. Name: \_\_\_\_\_  
                family                        first                        middle

4. Country of Citizenship: \_\_\_\_\_ 5. Gender:  Male  Female

6. Marital status:  single  married



Family members

Number of your children \_\_\_\_\_ Age of your children \_\_\_\_\_ years old, \_\_\_\_\_ years old, \_\_\_\_\_ years old, \_\_\_\_\_ years old

7. Date of birth: \_\_\_\_\_ 8. Age (as of Scholarship application deadline): \_\_\_\_\_

9. Contact information: \_\_\_\_\_ (Provide the mailing address, phone number, fax number and e-mail address where you can be contacted through Oct.2017. If you plan to move, please provide both your present and future addresses with valid periods for each.):

Mailing address: Office: Job Title \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone number: Office: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ country  
  area            number            country    area            number

Fax number: Office: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  country    area            number            country    area            number

E-mail address: \_\_\_\_\_

10. Academic record:

Bachelor's Degree: \_\_\_\_\_  
  name of institution                        location (City/Country)

\_\_\_\_\_ from (Mo. / Yr. ) to (Mo. / Yr.)                        degree                        major field

\_\_\_\_\_ academic honors or prizes (if any)                        class rank/total number of students

Others: \_\_\_\_\_  
  name of institution                        location

\_\_\_\_\_ from (Mo. / Yr. ) to (Mo. / Yr.)                        degree                        major field

11. Employment record (Provide specific information on: period of employment, your job title and description, name of organization. **Start with your most recent job.**):

period	job title and description	name of organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Other professional experiences if any: \_\_\_\_\_

13. Field of interest for the practicum/internship program.  
**Indicate your 1st, 2nd and 3rd choices in the following list, or enter a specific field in the parentheses.**

- Electric Power       Urban Development (Urban Transportation and Terminal Facility Planning)
- Ports and Harbors       Railroads       Roads and Highways       Waste Disposal
- Sewage Systems       Water Supply       Telecommunications       Eco-management
- Regional Development       Pollution Control       Environment Assessment       Energy Supply
- Information Technology       Administration & Public Services
- Urban and Regional Planning
- Other (\_\_\_\_\_)

14. Field of interest in detail and plan of research at Yokohama National University:  
**Use a separate sheet and attach to this form.**

15. Plans for after completion of the Program:

16. Information two persons who are writing a recommendation letter for you.  
(We will request two persons in following cells to write and send recommendation letter for you by E-mail in the Screening.)

(1) \_\_\_\_\_

name	title	institution (your office)
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Official E-mail Address \_\_\_\_\_

(2) \_\_\_\_\_

name	title	institution (your university)
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Official E-mail Address \_\_\_\_\_

17. List any other graduate schools to which you are applying:

\_\_\_\_\_

18. If accepted, would you definitely come to Japan in Oct 2017?

- Yes       No (explain)

19. Are you in good health?       Yes       No  
 If you answered "no," please specify the problem. \_\_\_\_\_  
 If you answered "no," are you under a doctor's care at present?       Yes       No Name  
 of illness you are being treated for: \_\_\_\_\_  
 List of any major previous illness: \_\_\_\_\_

20. I certify that I have read all instructions and that information in this application is true and complete.

_____	_____
signature of applicant	date

21. How did you find out about this program? (Please circle.)  
 1. Webpage      2. Poster      3. Other