Application for the preliminary screening of qualifications

			(month)/	(day)/	(year)
To the Dean of Grad	duate School o	f Engineering, Hokkaido	University		
		on for Master's program d documents for applica			ng of
Katakana					
Full Name (In English)				(M	• F)
Date of Birth					
Division					
Expected Supervisor					
(9) Individuals	who have comple	ted 15 years of school ed	ducation in a foreig	n country.	
(10) Individuals	who apply throu	ngh an individualized admi	ission qualification	investigation	
I have confirmed	the above appl	ication.			
The Division o	f	Division Head		Seal	

[note]

• Please receive a confirmation seal from the Division Head being applied for.