Application for the preliminary screening of qualifications

(month)/

(day)/

(year)

To the Dean of G	caduate School of Engi	neering, Hokkaido University	
Hereby, I subm		r Master's program at this graduate uments for application for the pre	
Katakana			
Full Name (In English)		(м • г)
Date of Birth			
Division			
Expected Supervisor			
(9) Individuals who have completed 15 years of school education in a foreign country.			
(10) Individuals who apply through an individualized admission qualification investigation			
I have confirmed the above application.			
The Division	ı of	Division Head	Seal

(note)

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