Application for the preliminary screening of qualifications

(month)/

(day)/

(year)

To the Dean of Gr	raduate School of Engineering, Hokkaido University		
Hereby, I subm	ake the examination for Doctoral program at this graduat nit the prescribed documents for application for the pre qualifications.		
Katakana			
Full Name (In English)	(М •	F)
Date of Birth			
Division			
Expected Supervisor			
☐ (7) Individuals	designated by the MEXT		
□ (8) Individuals	who apply through an individualized admission qualification	investiga	tion
I have confirme	d the above application.		
Division of	Division Head	Seal	

[note]

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