	Kansai Univ	versity Graduate School		Reference	*Administrative use	
Form 1 Appli	Graduate Sc 2024 Admis cation F	Number * Examination Number *	*Administrative use			
Program		Ph.D. of Disaster Manag	Photograph			
Enrollment Period (Examination Month)		 Spring Semester (February Examination) Fall Semester (February Examination) Fall Semester (June Examination) 		Please affix the same photograph that you affixed to your statement of reason for applying. 4 cm (H)× 3 cm (W) Write your name on the back of the photograph.		
Name of your supervising professor at Kansai University						
Theme				ouer of the photographi		
Name in Chinese Characters (if applicable)		Last	First	Midd	le (if any)	
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College/University (Undergraduate Education)

Name of college or university	
Faculty	
Department	
Graduation Date	(mm/yyyy)

College / University (Graduate Education)

Name of graduate school	
Major	
(Expected)Completion Date	(mm/yyyy)

	*Administrative use	Career *	*Administrative use		*Administrative use
Field *	Same / Different		Yes / No	COE *	Yes / No