<b>Graduate School of Science and Technology</b>	Keio University, Double	Degree Program, 2	2018 Enrollment
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# **Application Document Checklist**

Documents	you need to submit online as well as the paper version
	Application Form
	Financial Statement
	Statement of Purpose
	Copy of e-mail communications between you and your prospective supervisors
Documents:	submitted by the applicants' home institution(s) via postal mail service
	Application Form
	Financial Statement
	Statement of Purpose
	Copy of e-mail communications between you and your prospective supervisor
	Transcript Request Form
	Official Academic Transcripts
	Official Letter from Home Institution
	One letter of Recommendation

All the application documents must be sent to the address given below to be received by the deadline.

**Admissions Office** 

Graduate School of Science and Technology, Keio University 3-14-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa, 223-8522, Japan

Phone: +81-45-566-1468

## Graduate School of Science and Technology Keio University, Double Degree Program, 2018 Enrollment

### STATEMENT OF PURPOSE

Name:_	Legal family name (surname)	First name (given name)	Middle name
	Legal failing flathe (surfaire)	r itst frame (given frame)	whethe name
information	n that may assist the Admissions Committee in e	study, your particular area of specialization within a marvaluating your application and aptitude for graduate stude graduate degree program. Please use the space below	dy at Keio University. This may include information
Signature	:	Date :	

# Graduate School of Science and Technology Keio University, Double Degree Program, 2018 Enrollment TRANSCRIPT REQUEST FORM

To the applicant: Please send this form to the registrar of your hon	ne institution.
Applicant Name:	
Applicant Name : Legal family name (sumame) , Englishment Figure 1 , Legal family name (sumame) , Englishment Figure 1 , Englishment Figure 2 , Englishment Figure 2 , Englishment Figure 3 , Englishment Figu	rst name (given name) Middle name
I hereby authorize the release of my academic record to the Graduate S	chool of Science and Technology at Keio University.
Signature of the Applicant:	Date (Day/Month/Year):
To the registrar: The above person is applying to the Keio Universary provide us with supplementary information about the applicant's acainformation below and return to the Admissions Office together with the applicant. Please seal the envelope, sign across the envelope seal	ndemic records of undergraduate course. Please fill out the required the the official transcript and certificate of (expected) graduation of
Admissions Office Graduate School of Science and Technology, Keio University 3-14-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8522, JAF	PAN
Should you have any questions, please contact the Admissions Office	e at: ao_st_inquiry@info.keio.ac.jp
THIS PART TO BE COMPLE	TED BY THE REGISTRAR
What is the language of instruction at your school?	
Applicant's cumulative grade point average: (Grade point values are A or A+= $4.0$ , A= $3.7$ , B+= $3.3$ , B= $3.0$ , B== $2.7$ , C+= $2.7$	
Degrees (to be) awarded:	_
Applicant's cumulative rank in course:	Number of students attending the course:
Highest possible grade in your school: Lowest p	passing or satisfactory grade in your school:
Name of person completing this form:	
Position or Title:	
Address:	
	Postal code Country
Telephone Number:	Fax Number:
Email: Website:	
Authorized Signature:	Date (Day/Month/Year):
Official school seal or stamp	

### OFFICIAL LETTER FROM HOME INSTITUTION

# THIS PART IS TO BE COMPLETED BY HOME UNIVERSITY

Name:			
	Legal family name (surname)	First name (given name)	Middle name
This is to	certify that 1) the perso	on above is expected to comp	lete his / her first year
course at	before his / her arrival	at Keio University and 2) he /	she has already passed
the selection	on of Double Degree Pro	ogram at his / her university.	
Name (please p	rint):		
Position or title:			
School:			
Signature:		Date:	

## LETTER OF RECOMMENDATION

Applicant Name:						
Legal family name (sumame)			First name (given name)		Middle nam	e
	THIS PART TO	BE COMPLET	ED BY THE REC	COMMENDER	]	
To the recommender: The pers personal impressions of the applicant the quality of previous work, and applicant may have overcome to this form in an envelope, <b>seal it, si</b>	cant's intellectual abili the promise of produ attain her or his educa	ity, aptitude in resea active scholarship in ational goals (e.g., fi	rch, and/or profession a Japanese or English. inancial, social, cultura	nal skills. Please com If applicable, please al, educational, or ot	nment on the applicant e include any known o her disadvantages). Ple	ease enclose
Please CHECK the appropri	riate evaluation:					
	Extraordinary	Outstanding	Above Average	Average	Below Average	Cannot Judg
Academic Performance						
Intellectual Potential						
Motivations for Graduate Study						
Recommender's name (in cap	vital letters):					
Position or title:			School or co	ompany:		
Address:						
Telephone Number:			Email:			
Signature:			Da	te:		