

National Graduate Institute for Policy Studies (GRIPS)

7-22-1 Roppongi, Minato-ku Tokyo 106-8677, Japan

CERTIFICATE OF APPLICATION

GRIPS ID: _____ Nationality: _____

Name: _____

Address: _____

Zip Code _____

Phone: _____ - _____ Fax: _____ - _____
country code - complete number country code - complete number

E-mail: _____

Photograph

Please write your name
on the back of each photo

Program of Interest

Please tick the appropriate box next to the program you are applying for.

[Five-year Ph.D. Program]

Policy Analysis Program	<input type="checkbox"/>	I would like to be considered for a scholarship allocated through GRIPS.
	<input type="checkbox"/>	I (already have / am applying for) scholarship funds from other institutions.
	<input type="checkbox"/>	I am self-financed.

[Three-year Ph.D. Programs] *for master's degree holders

Public Policy Program	<input type="checkbox"/>	I would like to be considered for a scholarship allocated through GRIPS
	<input type="checkbox"/>	I (already have / am applying for) scholarship funds from other institutions.
	<input type="checkbox"/>	I am self-financed.
Security and International Studies Program	<input type="checkbox"/>	I would like to be considered for a scholarship allocated through GRIPS
	<input type="checkbox"/>	I (already have / am applying for) scholarship funds from other institutions.
	<input type="checkbox"/>	I am self-financed.
Science, Technology and Innovation Policy Program	<input type="checkbox"/>	I would like to be considered for a scholarship allocated through GRIPS
	<input type="checkbox"/>	I (already have / am applying for) scholarship funds from other institutions.
	<input type="checkbox"/>	I am self-financed.
State Building and Economic Development Program	<input type="checkbox"/>	I would like to be considered for a scholarship allocated through GRIPS
	<input type="checkbox"/>	I (already have / am applying for) scholarship funds from other institutions.
	<input type="checkbox"/>	I am self-financed.

I certify that to the best of my knowledge all information given in the Online Application Form is correct and complete, and I understand that any omission or misinformation concerning enrollment in colleges or universities may invalidate my admission or result in dismissal.

Signature of applicant _____

Date of submitting Online Application Form _____
Month/Day/Year

Please submit this certificate to the Admissions Office along with other supporting documents by courier or registered mail.

GRIPS
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Tokyo 106-8677
Japan

CERTIFICATE OF EMPLOYMENT

EMPLOYER DETAILS

Name of organization: _____

Address of organization: _____

Phone: _____ - _____ Fax: _____ - _____ E-mail: _____
country code - complete number country code - complete number

EMPLOYEE DETAILS

This is to certify that _____
full name of applicant

has been employed by this organization from _____ to _____
Month/Day/Year Month/Day/Year

Present position, rank, and responsibilities: _____

Civil servant qualification (e.g., BCS, IAS, IRS, CSS), if applicable: _____

*This applies to applicants from Bangladesh, India and Pakistan.

LEAVE OF ABSENCE APPROVAL

***Please tick the appropriate box.**

I will approve a leave of absence for the above employee to study at GRIPS if he/she is admitted for the duration of ☒ **three years** ☐ **five years.**

Name of authorized person completing the form:

Position/Title: _____

Signature

Month/Day/Year



*Please put an official stamp or seal in this space.

National Graduate Institute for Policy Studies

Statement of Purpose

Please state your purpose for studying at GRIPS, the area of study you wish to pursue, your short-term and long-term career goals, and how your qualifications and experience match the requirements of the program you are applying for. Summarize your present duties and responsibilities and describe how your studies at GRIPS might contribute to your career.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

National Graduate Institute for Policy Studies

Research Proposal

[GRIPS use: GRIPS ID No. _____]

Please write a research proposal for your study. The research proposal must contain a clear statement of the problem, a succinct review of the relevant literature, a research question or purpose, a description of the proposed methodology, and the rationale behind choosing that particular methodology. All sources must be properly documented. Your proposal should be 2-4 pages long.

[illegible]

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LETTER OF RECOMMENDATION

TO THE APPLICANT: Please complete the section below and give this letter to two people who know you well. Have the recommender complete the form, put it in an envelope, seal the envelope, sign it across the flap, and return the letter to you. Include this letter with your application and all the other application materials when sending in your application.

Your name _____
as written in your passport

Recommender's name _____

TO THE RECOMMENDER: Please write a recommendation letter for the above applicant, sign it, enclose it in an envelope, seal the envelope, and sign it across the flap. Return the sealed envelope to the applicant. This recommendation letter will remain confidential and will be used for application screening purposes only. You may attach additional sheets if the space provided is insufficient.

1. How long have you known the applicant? _____ years _____ months

2. In what capacity have you known the applicant?

3. How often have you interacted with the applicant?

☐ daily ☐ weekly ☐ monthly ☐ rarely

4. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant's overall **academic** ability?

<input type="checkbox"/>	Outstanding (top 5%)
<input type="checkbox"/>	Excellent (top 10%)
<input type="checkbox"/>	Good (top 20%)
<input type="checkbox"/>	Average (top 50%)
<input type="checkbox"/>	Below average (lower 50%)
<input type="checkbox"/>	Unable to comment

5. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant's overall **professional** ability?

<input type="checkbox"/>	Outstanding (top 5%)
<input type="checkbox"/>	Excellent (top 10%)
<input type="checkbox"/>	Good (top 20%)
<input type="checkbox"/>	Average (top 50%)
<input type="checkbox"/>	Below average (lower 50%)
<input type="checkbox"/>	Unable to comment

6. Please evaluate as *excellent*, *average*, *poor*, or *unable to comment*:

	<i>Excellent</i>	<i>Average</i>	<i>Poor</i>	<i>Unable to comment</i>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. (For university professors and instructors only)

Is the applicant's academic record indicative of the applicant's intellectual ability? If no, please explain.

8. Discuss the applicant's competence in his/her field of study, as well as the applicant's career possibilities as a professional worker, researcher, or educator. In describing such attributes as motivation, intellectual potential, and maturity, please discuss both strong and weak points. Specific examples are more useful than generalizations.

9. Discuss the applicant's character and personality. Please comment on his/her social skills, emotional stability, leadership skills, and reliability.

10. Additional comments, if any.

11. How would you evaluate the applicant's overall suitability as a candidate for admission to a graduate program at the National Graduate Institute for Policy Studies?

☐ Outstanding ☐ Good ☐ Average ☐ Poor

Name of person completing this form: _____

Position/Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Signature

Month/Day/Year