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| For GRIPS use: Application ID |  |

# Application for Admission 2020-2021

Photograph

Taken within the last three months, providing a clear, front view of your entire face.

(4cm x 3cm)

**Program or course you are applying for (Please tick only one box below.)**

|  |  |  |
| --- | --- | --- |
|  |  | Young Leaders Program (School of Government) |
|  |  | Young Leaders Program (School of Local Governance) |
|  |  | Maritime Safety and Security Policy Program |

**(Please type or print, and use normal text, NOT “ALL CAPITAL LETTERS.”)**

Please complete each section as fully and accurately as possible. Please respond to all questions. The information you provide is essential in reviewing your application.

Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS.

PERSONAL DATA

1. Full name:

As written in your passport, from left to right, top to bottom (English alphabet only)

2. Date of birth: 　 3. Age (as of October 1, 2020):

Month/Day/Year

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |

4. Gender:

5. Nationality:

6. Present employer (name of organization):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Does your organization belong to a central or regional authority? | | |  | Central |  | | Regional | |  | Neither) |
|  | | | | | | | | | | |
| (Upon admission to GRIPS, |  | I will be given study leave by my employer. | | | |  | | I will quit my job.) | | | |

7. Present position, department/section:

8. Work address:

Postal code: 　Country:

TEL: - FAX: -

Country code – complete number Country code – complete number

9. Residential address:

Postal code: 　Country:

TEL: - FAX: -

Country code – complete number Country code – complete number

10. Preferred mailing address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Work |  | Residence |  | Other, namely (Fill in the following fields.) |

Address:

Postal code: 　Country:

TEL: - FAX: -

Country code – complete number Country code – complete number

11. E-mail 1:

E-mail 2:

APPLICATION INFORMATION

12. List the names of the undergraduate and graduate (if applicable) institutions you attended or are currently attending. Enter the names of the degrees you received and the dates of enrollment at each institution. If your official transcript of academic records or graduation/degree certificate states your GPA, honors, class, or rank, enter this information as it is shown in your transcript or certificate. The field(s) “Year & month of graduation” must be completed in accordance with the date(s) on which your degree(s) was (were) awarded/conferred, as stated in your official graduation/degree certificate(s). If there is insufficient space for entering all the institutions you have attended, please add new rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| From primary to secondary education  (before tertiary education) | Period of attendance | | Duration of schooling |
| (from)  Month, year | (to)  Month, year |
|  |  | years  and  months |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Tertiary　education | Full name of institution & location (city & country) | Year & month of enrollment | Year & month of graduation | Duration of schooling | Name of degree | GPA  (if available) | Honors/  class/rank/  division  (if available) |
| Undergraduate  level  (Bachelor’s) |  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |
| Graduate  level  (Master’s/  Doctoral) |  |  |  | years  and  months |  |  |  |
|  |  |  | years  and  months |  |  |  |

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| --- | --- |
| Total number of years and months of education \*  (from elementary education to undergraduate/graduate education inclusive) | years  and  months |

\*Calculate and write the total number of years and months of education you will have completed (as detailed above) at the time of your enrollment at GRIPS.

13. English proficiency:

One of the following test scores is required. Please note that English test scores are valid for two years from the test date, and therefore, **tests must have been taken within two years of the time of enrollment at GRIPS.**

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| --- | --- | --- | --- | --- | --- |
|  | TOEFL iBT: |  |  |  | The minimum acceptable test score is 79. |

Score Month/Day/Year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | IELTS Academic: |  |  |  | The minimum acceptable test score is 6.0. |

Score Month/Day/Year

|  |  |  |
| --- | --- | --- |
| Other information: |  | Undergraduate education instructed in English |
|  |  |  |
|  |  | Graduate education instructed in English |

Location of the accredited institution where you have completed or expect to complete an undergraduate/graduate degree:

|  |  |  |
| --- | --- | --- |
|  |  | The USA, the UK, Canada, Australia, New Zealand, or Ireland |
|  |  |  |
|  |  | Other country |

14. List below two persons familiar with your academic and/or professional abilities, from whom you have requested letters of recommendation.

1.

Name Position and affiliation

2.

Name Position and affiliation

15. List your current and previous employment (up to five positions) **in reverse chronological order,** starting with your most recent position.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization, type, & city | Job title and description (maximum 20 words) | Dates | |
| (from)  Month, year | (to)  Month, year |
|  |  |  |  |
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CERTIFICATION

I certify that to the best of my knowledge all information given above is correct and complete, and I understand that any omission or misinformation may invalidate my admission or result in dismissal.

Signature of the applicant Month/Day/Year

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



LETTER OF RECOMMENDATION 2020-2021

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TO THE APPLICANT: Please complete this section (“Your name” and “Recommender’s name”), and give this form to your recommender who knows you well. Have your 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 you send in your application.

|  |  |
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| Your name: |  |
|  | As written in your passport, from left to right, top to bottom (English alphabet only) |
| 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 or send it directly to the GRIPS Admissions Office. 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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?   |  |  |  | | --- | --- | --- | |  | | | |  |  | Outstanding (top 5%) | |  |  | Excellent (top 10%) | |  |  | Good (top 20%) | |  |  | Average (top 50%) | |  |  | Below average (lower 50%) | |  |  | 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?   |  |  |  | | --- | --- | --- | |  | | | |  |  | Outstanding (top 5%) | |  |  | Excellent (top 10%) | |  |  | Good (top 20%) | |  |  | Average (top 50%) | |  |  | Below average (lower 50%) | |  |  | Unable to comment | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 6. | Please evaluate the applicant in the areas below as excellent, average, poor, or unable to comment. | | | | | | | | | | | | | | | | | |
|  |  | Excellent | | | Average | | | | Poor | | | | | Unable to comment | | | |
|  | Academic performance |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Intellectual potential |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Creativity & originality |  |  |  |  |  | |  |  | | |  |  |  |  | |  |
|  | Motivation for graduate study |  |  |  |  |  | |  |  | | |  |  |  |  | |  |

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| 7. | 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. |
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| 8. | Discuss the applicant's character and personality. Please comment on his/her social skills, emotional stability, leadership skills, and reliability. |
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| 9. | **For university professors and instructors only**  Is the applicant’s academic record indicative of the applicant's intellectual ability? If no, please explain. |
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| 10. | Additional comments, if any. |
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| 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 | |

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| Name of person completing this form: | | | |  | | | | |
| Position/title: |  | | | | | | | |
| Name of organization: | |  | | | | | | |
| Address: |  | | | | | | | |
| TEL: |  | | FAX: | |  | | E-mail: |  |
|  | Country code - complete number | |  | | Country code - complete number | |  |  |
| Signature: |  | | | | | Date: |  | |
|  |  | | | | |  | Month/Day/Year | |

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STATEMENT OF PURPOSE 2020-2021

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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. If you are still in school, describe your future career aims and explain how your studies at GRIPS would help you achieve them. (300-500 words)