

| For GRIPS use: Application ID |
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APPLICATION FOR ADMISSION 2023-2024

(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.

Paste your photograph or insert your digital image taken within the last three months, providing a clear, front view of your entire face.

(4cm x 3cm)

PERSONAL DATA

| 1. | As written in your passport, from left to right, top to bottom (English alphabet only) | | | | | | |
|---|--|--------|--|---|--|--|--|
| | As written in your passport, from left to right, top to bottom (English alphabet only) | | | | | | |
| 2. Date of birth: 3. Age (as of April 1, 2023): | | | | | | | |
| Month/Day/Year | | | | | | | |
| 4. | Gen | der: | ☐ Male ☐ Female | | | | |
| 5. | Natio | onalit | ity: | <u> </u> | | | |
| 6. | Program you are applying for (Please tick one box only). | | | | | | |
| | Mast | er's F | Programs | | | | |
| | | One- | e-year Master's Program of Public Policy (MP1) | | | | |
| | | Two- | o-year Master's Program of Public Policy (MP2) | | | | |
| | | Macr | croeconomic Policy Program (One year Program) for ext | ernally funded or self-financed applicants only | | | |
| | | Macr | croeconomic Policy Program (Two year Program) for ext | ernally funded or self-financed applicants only | | | |
| | ☐ Public Finance Program (Tax) | | | | | | |
| ☐ Public Finance Program (Customs) | | | | | | | |
| | ☐ Maritime Safety and Security Policy Program for externally funded or self-financed applicants only | | | | | | |
| | Five- | year | r Ph.D. Programs | | | | |
| | | Polic | icy Analysis Program (PA) | | | | |
| | Thre | e-yea | ear Ph.D. Programs | | | | |
| | | GRIF | IPS Global Governance Program (G-cube) | | | | |
| | | Scier | ence, Technology and Innovation Policy Program (STI) | | | | |
| 7. | Fund | ding (| (Please tick one box only) | | | | |
| | ow do plicar | | plan to finance your studies at GRIPS? Note: Items 1 ar | nd 2 below are only available for overseas | | | |
| | | 1) I | I would like to be considered for a scholarship allocated | through GRIPS. (E.g., MEXT, ADB, WB, WCO) | | | |
| | | 2) I | I have completed JICA's entry process for the JICA Sch | olarship. | | | |
| | | 3) I | I will obtain funding from other institutions. (E.g., home | country scholarship, MEXT extension) | | | |
| | | 4) I | I will finance myself. | | | | |

If you select "I will obtain funding from other institutions." or "I will finance myself.", you are required to submit a financial statement at the time of application as proof that you have adequate funding to cover the total cost of your studies (JPY 2,800,000).

| 8. Present employer (name of organization): | | | | | |
|--|---|--|--|--|--|
| (Does your organization belong to a central or regional authority? $\ \square$ Central $\ \square$ Regional $\ \square$ Neither) | | | | | |
| (Upon admission to GRIPS, \Box I will be | be given study leave by my employer. I will quit my job.) | | | | |
| 9. Present position, department/section: | | | | | |
| 10. Work address: | | | | | |
| Postal code: | Country: | | | | |
| TEL: | | | | | |
| 11. Residential address: | | | | | |
| Postal code: | Country: | | | | |
| TEL:Country code – complete number | | | | | |
| 12. Preferred mailing address: | | | | | |
| ☐ Work ☐ Residence | \square Other, namely (Fill in the following fields.) | | | | |
| Address: | | | | | |
| Postal code: | Country: | | | | |
| TEL: Country code – complete number | _ | | | | |
| 13. E-mail 1: | | | | | |
| E-mail 2: | | | | | |

*Please use the same E-mail address(es) as in your Registration Form.

APPLICATION INFORMATION

14.

- List the names of the undergraduate and graduate 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.

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

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

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

15. 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.

| ☐ TOEFL iBT: | | | | | | |
|--|------------|----------------------------------|-----------------|---------------|-----------------|-------|
| | Score | Month/Day/Year | - | | | |
| ☐ IELTS Academic: | | | | | | |
| | Score | Month/Day/Year | - | | | |
| Other information: | □ u | Indergraduate ed | ducation instru | cted in Engl | lish | |
| | | Graduate educati | on instructed i | n English | | |
| Location of the acciundergraduate/grad | | • | ı have comple | ted or expec | ct to complete | an |
| | | The USA, the UK Other country | , Canada, Aus | tralia, New 2 | Zealand, or Ire | eland |
| | | other country | | | | |

^{*}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.

| | | Position and affiliation | | |
|--|---|--------------------------|----------------------|------------------|
| Nan List your current and p | ne | Position and affiliation | on | |
| List your current and p | | 1 osition and anniati | OH | |
| | | | | |
| | previous employment (up to five pos recent position. Exclude part-time v | | | ler, |
| Organization, type, | Job title and description | Da | tes | Duration |
| & city | (maximum 20 words) | (from) Month, year | (to) Month, year | Year and month |
| | | | | ye ar mon |
| | | | | ye ar mont |
| | | | | ye ar mont |
| | | | | ye ar mont |
| | | | | ye a mon |
| | Total number of years and months of work | | year and month | |
| Please write the follow entative title of your re roposed supervisor | of work ving information for applicants for f | ive-year and three | and month | ırams. |

| CERTIFICATION I certify that to the best of my knowledge all information of that any omission or misinformation may invalidate my a | |
|--|----------------|
| 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 2023-2024

| | For GRIPS use: Application ID : |
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| your enve | THE APPLICANT: Please complete this section ("Your name" and "Recommender's name"), and give this form to recommender who knows you well. Have your recommender complete the form, put it in an envelope, seal the elope, sign it across the flap, and return the letter to you. Include this letter with your application and all the other ication materials when you send in your application. |
| You | ur name: |
| _ | As written in your passport, from left to right, top to bottom (English alphabet only) |
| Re | commender's name: |
| enve the (| THE RECOMMENDER: Please write a recommendation letter for the above applicant, sign it, enclose it in an elope, seal the envelope, and sign it across the flap. Return the sealed envelope to the applicant or send it directly to GRIPS Admissions Office. This recommendation letter will remain confidential and will be used for application ening 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 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 |

| 7. | as a profe potential, | essional worker, resea | archer, or educator. | In describing such att | ne applicant's career possibilities ributes as motivation, intellectual ecific examples are more useful |
|-----|---------------------------|---|--------------------------------------|------------------------|---|
| 8. | Discuss the stability, le | he applicant's charac eadership skills, and | ter and personality. reliability. | Please comment on h | is/her social skills, emotional |
| 9. | | ersity professors an licant's academic rec | | | al ability? If no, please explain. |
| 10. | Additiona | I comments, if any. | | | |
| 11. | program a | ld you evaluate the a at the National Gradu Dutstanding | | | e for admission to a graduate |
| Nai | me of perso | on completing this for | m: | | |
| Pos | sition/title: | | | | |
| Naı | me of orgar | nization: | | | |
| Add | dress: | | | | |
| TEI | L: | Country code - co | omplete number | E-mail: | |
| Sin | nature: | · | impiete numbei | Date: | |
| ٠.9 | | | | | Month/Day/Year |



CERTIFICATE OF EMPLOYMENT 2023-2024

| | | For GF | RIPS use: A | pplication ID : |
|---|---|---|-----------------|--|
| This form must be completed by, that the official stamp or seal of, a This certificate must contain the s stated in the applicant's Application | and signature by, ar came information (e | ny person other than the al | oove perso | ns will be considered as invalid. |
| EMPLOYER DETAILS | | | | |
| Name of organization: | | | | |
| Address: | | | | |
| | | Po | ostal code: | |
| TEL: | | | | |
| Country code - complete num | ber | _ E-mail: | | |
| EMPLOYEE DETAILS | | | | |
| This is to certify that | | | | |
| | | Full name of applicant (as written in his | s/her passport) | |
| has been employed by this orga | nization from | | to | |
| | | Month/Day/Year | | Month/Day/Year <u>Please write "Present" above if the person is on a permanent contract.</u> |
| Present position, department/se | ction: | | | |
| Responsibilities: | | | | |
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| Civil servant qualification (e.g., E applicable: This applies to applicants from Bangladesh, Indi | | S), if | | |
| | | | | |
| LEAVE OF ABSENCE APPR | OVAL | | | |
| Please <u>tick</u> only one box below. | | | | |
| ☐ I will approve a leave of abser GRIPS if he/she is admitted for | | mployee to study at | | |
| [one / two / three / four / Please circle the appropriate r | | | | |
| I will not approve a leave of ab at GRIPS if he/she is admitted. | osence for the abov | re employee to study | | |
| Authorized person completing | this form: | | | |
| Name: | | | | Please put an official stamp or |
| Position/title: | | | | seal in this space. If the official stamp or seal is in |
| Signature: | | | | your local language and an English version is not available, |
| | | | | please write its <u>English</u> translation in the margin of this |
| Date: | Mon | th/Day/Year | | form. |



STATEMENT OF PURPOSE 2023-2024 For GRIPS use: Application ID: (You can change the size of the boxes.) 1. Describe what you have learnt as a college or graduate school student (could be academic contents, your thesis, or any other experiences). (Up to 300 words) 2. Summarize your present duties and responsibilities, and your accomplishments at work. If you are still in school or do not currently work, summarize your accomplishments either at prior work or at school. (Up to 300 words)



RESEARCH PROPOSAL 2023-2024

for a Two-year Master's Program

| | For GRIPS use: Application ID: | |
|---|--|---------------------------|
| (You can change the size of the boxes.) | | |
| 1. What is the research question you wish to answer? What are the intend to fill with your research? You may include references. (Up to | ne gaps in academic knowledo o 250 words) | ge and/or policy that you |
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| Describe the hypotheses of your research as concretely as post | ssible. (Up to 350 words) | |
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| Indicate the methodology you plan to use. More specifically, explain the materials/data as well as the analytical framework you plan to use. Explain how and where you will obtain your data. Please provide sufficient detail so that we can determine the feasibility of your research plan. (Up to 500 words) | | | | | |
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RESEARCH PROPOSAL 2023-2024

for a Ph.D. Program

| For GRIPS use: Application ID: |
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| (You can change the size of the boxes.) |
| 1. What is the research question you wish to answer? What are the gaps in academic knowledge and/or policy that y intend to fill with your research? You may include references. (Up to 500 words) |
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| 2. Describe the horsest force of very received as constant as receible (Up to 700 words) |
| 2. Describe the hypotheses of your research as concretely as possible. (Up to 700 words) |
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| imply lay out th | ne chapter titles of yo | our proposed thes | is without explanati | ions. | |
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| 5. | Explain clearly what expertise your proposed advisor has that will be essential to your study. (Up to 300 words) |
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