

Kyoto University of Advanced Science

2025 Admission Documents

Please refer to the acceptance notification for your application number and the name of your faculty, etc.

Application Number	
Admission Category*1	
Name of Faculty/Graduate School*2	
Name	

*1 *2 Please select from the pulldown menu.

〈Things to note when filling out the Admission Procedure Documents〉

General Guidelines

- The personal information on the admission documents will be used for on-campus operation such as system registration, issuance of various documents including certificates, etc., so please make sure the information you provide is correct and accurate.
- Please do not use pencils or ink-erasable pens when signing these documents.
- For any portion of the documents that are to be written by hand, if you make a mistake and want to correct it, please do so by double-crossing out the mistake and writing the correct information next to it.

Name

- Please enter your name exactly as it appears on your passport.
- Both your signature and your guarantor's signature are required. Graduate students do not need to complete the "Guarantor's Written Pledge" although the Declaration of Consent Concerning the Provision of Personal Information to Third Parties section still needs to be filled in and signed by you and your guarantor.

Photo attached

- Please insert a photo where you are facing the camera. You cannot be wearing a hat or head covering in the photo (except for religious or medical reasons). The background should be plain.
- Please use a photo taken within the last three months.
- Insert the same photo that you will submit online as the digital photo for COE and student ID into the black box on the student ID registration form. Please submit it by the deadline, or you may not receive your student ID on time.
- You must insert an image file into the student ID registration form (physical photos or files attached to the email will not be accepted).

Student's Written Pledge

To: The President of Kyoto University of Advanced Science

I hereby swear that after entering your university, I will comply with regulations inside and outside the school, sincerely pursue my studies as a student, be a respectable member of society, and endeavor to further develop my character in all aspects of life.

_____ Name
Date (YYYY/MM/DD) _____
Signature _____

Guarantor's (Guardian's) Written Pledge

To: The President of Kyoto University of Advanced Science

Regarding _____ (Student's Name),

I promise that I will be responsible for all matters related to this student, including the payment of tuition fees, facility fees and laboratory fees up to a maximum of 1 million yen.

_____ Date (YYYY/MM/DD) _____ Guarantor's (Guardian's) Name (the student's benefactor)
Signature _____

Declaration of Consent Concerning the Provision of Personal Information to Third Parties

To: The President of Kyoto University of Advanced Science

I hereby give my consent to "1. provide my guarantor (guardian) with information regarding my academic performance, attendance, and other details regarding my studies and life (including job-hunting and employment information)" and "2. provide information to the Alumni Association and Student Guardian Association" as described in the document, "Handling and Protection of Personal Information at Kyoto University of Advanced Science".

[Please check "I consent" or "I do not consent" below. If the student does not check anything, it will be regarded as a provision of consent.]

When providing guarantors with my personal information

I consent **I do not consent**

When providing the Alumni Association with the personal information of myself and my guarantors

I consent **I do not consent**

When providing the Student Guardian Association with the personal information of myself and my guarantors

I consent **I do not consent**

_____ Date (YYYY/MM/DD)

Faculty / Graduate School: _____

Application Number: _____

Name: _____

Signature: _____

I have declared my intent and confirmed student's will as per the above.

Guarantor's (Guardian's) Name: _____

Guarantor's (Guardian's) Signature: _____

If the student does not give their consent, please state the reason why.(Optional)

(_____)

***Graduate students do not need to complete the "Guarantor's Written Pledge".**

Student's Written Pledge

To: The President of Kyoto University of Advanced Science

I hereby swear that after entering your university, I will comply with regulations inside and outside the school, sincerely pursue my studies as a student, be a respectable member of society, and endeavor to further develop my character in all aspects of life.

20**/**/**

Name

BROWN Ashley

Date (YYYY/MM/DD)

Signature

To be signed by the applicant by hand in pen

Guarantor's (Guardian's) Written Pledge

To: The President of Kyoto University of Advanced Science

Regarding BROWN Ashley

Graduate students do NOT need to complete the "Guarantor's Written Pledge".

I promise that I will be responsible for all matters related to this student, including the payment of tuition fees, facility fees and laboratory fees up to a maximum of 1 million yen.

20**/**/**

BROWN Richard

Date (YYYY/MM/DD)

Guarantor's (Guardian's) Name (the student's benefactor)

To be signed by the guarantor by hand in pen

Guarantor's (Guardian's) Signature

Declaration of Consent Concerning the Provision of Personal Information to Third Parties

To: The President of Kyoto University of Advanced Science

I hereby give my consent to "1. provide my guarantor (guardian) performance, attendance, and other details regarding my studies and life (including) and "2. provide information to the Alumni Association and Student Guardian Association as described in the document, "Handling and Protection of Personal Information at Kyoto University of Advanced Science".

Must be filled out by both undergraduate and graduate students

[Please check "I consent" or "I do not consent" below. If the student does not check anything, it will be regarded as a provision of consent.]

When providing guarantors with my personal information

I consent

I do not consent

When providing the Alumni Association with the personal information of myself and my guarantors

I consent

I do not consent

When providing the Student Guardian Association with the personal information of myself and my guarantors

I consent

I do not consent

20**/**/**

Date (YYYY/MM/DD)

Faculty / Graduate School:

Faculty of Engineering

Application Number:

WA51A001

Name:

To be signed by the applicant by hand in pen

BROWN Ashley

Signature:

I have declared my intent and confirmed student's will as per the above.

Guarantor's (Guardian's) Name:

BROWN Richard

Guarantor's (Guardian's) Signature:

If the student does not give their consent, please state the reason why. (Optional)

To be signed by the guarantor by hand in pen

*Graduate students do not need to complete the "Guarantor's Written Pledge".

<Confidential>

2025 Student ID Registration Form

Year of Admission	Student ID Number
2025	(No entry required) 2025

Admission Category	Application Number:	Faculty/Graduate School:

Name	Last Name	First Name	Middle Name	Gender	Date of Birth (YYYY/MM/DD)	
				<input type="checkbox"/> Male		
Mobile Phone Number:	+ ()			<input type="checkbox"/> Female	Nationality	
	Country Code					

*The name provided above will be used in various certificates issued by the university after enrollment. Therefore, please write your full, legal name carefully as indicated in your passport.

Guarantor (Guardian) Information	
Name (Last Name, First Name, Middle Name):	Relationship:
Postal Code:	
Address:	
Telephone number (Home): + ()	Mobile Phone Number: + ()
Country Code	Country Code

*Graduate students should fill out the above as their emergency contact.

*Students are asked to please register their address in Japan (where they plan to commute from) on Sentan Navi (the university web system) after enrollment.

*All information must be written in English.

Insert Photo Here
4 cm tall x 3 cm wide

Insert the same photo that you will submit online as the digital photo for COE and student ID. Please submit this form with a photo by the deadline, or you may not receive your ID on time.

*Please use a recent photo (taken within the last three months) 4 cm tall x 3 cm wide. Use a photo taken from the neck up. Hats are not allowed (except for religious or medical reasons). The background should be plain. Both color and black and white photos, as well as photos taken with a phone, are acceptable.

Currently Enrolled Family Members • Alumni Information						
Relationship	Name of Currently Enrolled Family Member • Alumni	Age	Student ID Number (required for currently enrolled family members) Occupation (optional)	Students/Alumni of KUAS	Alumni of University of Kyoto Gakuen	Alumni of Kyoto Bunka Junior College
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you have a family member who graduated from or is studying at KUAS, Kyoto Gakuen University, or Kyoto Bunka Junior College, please fill out the above.

Work Experience after graduating High School/Upper Secondary School (excluding part-time jobs held as a student)	
Do you have any work experience?	Period of employment
<input type="checkbox"/> Yes <input type="checkbox"/> No	

*This information is used to report to the Ministry of Education, Culture, Sports, Science and Technology (MEXT) on the number of people with work experience.

If you are NOT a Japanese citizen, please fill in the space below.

Residence status		
<input type="checkbox"/> Currently have Student Residence visa	<input type="checkbox"/> Plan to acquire Student Residence visa	<input type="checkbox"/> Currently have/Plan to acquire Residence visa other than Student Residence visa

If you have a Student Residence visa, please write the Period of Study and Residence Card Number in the spaces below.

Period of Study	Residence Card Number

*Nationality and residence status are used for statistical surveys by the Ministry of Education, Culture, Sports, Science and Technology.

<Confidential>

Example

Please select "Early Entry", "Regular Entry", "Final Entry" or "Internal Selection"

Please enter all fields on a computer (do not fill out by hand).

2025 Student ID Registration Form

Admission Category Early Entry	Application Number: WA51A001	Faculty/Graduate School: Faculty of Engineering, Department of Mechanical and Electrical Systems Engineering
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Name	Last Name BROWN	First Name Ashley	Middle Name	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (YYYY/MM/DD) 2003/1/1
Mobile Phone Number:	+ (1) -202-000-0000		Country Code	Nationality American	

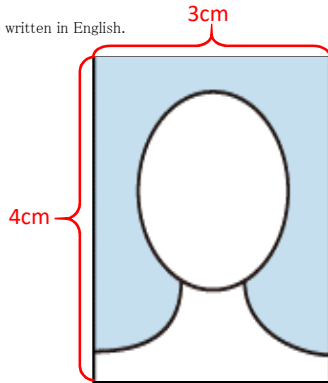
*The name provided above will be used in various certificates issued by the university after enrollment. Therefore, please write your full, legal name carefully as indicated in your passport.

Guarantor (Guardian) Information	
Name (Last Name, First Name, Middle Name): BROWN Richard	Relationship: Father
Postal Code: 20576	
Address: 332 Orange Street, Washington, DC, 20576, USA	
Telephone number (Home): + (1) -202-000-0000	Mobile Phone Number: + (1) -202-000-0000
Country Code	Country Code

*Graduate students should fill out the above as their emergency contact.

*Students are asked to please register their address in Japan (where they plan to commute from) on Sentan Navi (the university web system) after enrollment.

*All information must be written in English.



Insert the same photo that you will submit online as the digital photo for COE and student ID. Please submit this form with a photo by the deadline, or you may not receive your ID on time.

•Please use a recent photo (taken within the last three months) 4 cm tall x 3 cm wide. Use a photo taken from the neck up. Hats are not allowed (except for religious or medical reasons). The background should be plain. Both color and black and white photos, as well as photos taken with a phone, are acceptable.

Currently Enrolled Family Members • Alumni Information						
Relationship	Name of Currently Enrolled Family Member • Alumni	Age	Student ID Number (required for currently enrolled family members) Occupation (optional)	Students/Alumni of KUAS	Alumni of University of Kyoto Gakuen	Alumni of Kyoto Bunka Junior College
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you have a family member who graduated from or is studying at KUAS, Kyoto Gakuen University, or Kyoto Bunka Junior College, please fill out the above.

Work Experience after graduating High School/Upper Secondary School (excluding part-time jobs held as a student)	
Do you have any work experience?	Period of employment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2021/01 ~ 2022/8

*This information is used to report to the Ministry of Education, Culture, Sports, Science and Technology (MEXT) on the number of people with work experience.

If you are NOT a Japanese citizen, please fill in the space below.

Residence status		
<input type="checkbox"/> Currently have Student Residence visa	<input checked="" type="checkbox"/> Plan to acquire Student Residence visa	<input type="checkbox"/> Currently have/Plan to acquire Residence visa other than Student Residence visa

If you have a Student Residence visa, please write the Period of Study and Residence Card Number in the spaces below.

Period of Study	Residence Card Number

*Nationality and residence status are used for statistical surveys by the Ministry of Education, Culture, Sports, Science and Technology.

京都先端科学大学 予防接種に関する記録

KYOTO UNIVERSITY OF ADVANCED SCIENCE IMMUNIZATION RECORD

あなたの予防接種記録を記入してください。これまで受けたことの無い予防接種、受けた時期の不明な予防接種については、空欄にしておいてください。

Please write down your immunization records. Leave blank for immunizations that you have never received or for which you do not know the date of.

受験番号 / Application Number: _____ 氏名 / Name: _____
性別 / Gender: _____ 生年月日 / Date of Birth (YYYY/MM/DD): _____

1. 麻疹 Measles

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

2. 風疹 Rubella

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

3. 水痘 Varicella (Chickenpox)

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

4. 流行性耳下腺 Mumps

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

5. ジフテリア Diphtheria

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

3回目 / Dose #3 (YYYY/MM/DD): _____ 4回目 / Dose #4 (YYYY/MM/DD): _____

6. 百日咳 Pertussis

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

3回目 / Dose #3 (YYYY/MM/DD): _____ 4回目 / Dose #4 (YYYY/MM/DD): _____

7. 破傷風 Tetanus

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

3回目 / Dose #3 (YYYY/MM/DD): _____ 4回目 / Dose #4 (YYYY/MM/DD): _____

8. ポリオ Polio

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

3回目 / Dose #3 (YYYY/MM/DD): _____ 4回目 / Dose #4 (YYYY/MM/DD): _____

9. 髄膜炎菌 Meningococcal

1回目 / Dose #1 (YYYY/MM/DD): _____ 2回目 / Dose #2 (YYYY/MM/DD): _____

10. その他 Others (ワクチン記録が4つを超える場合はフォームをもう1枚使用してください)

(Please use another page of this form if you have received more than four additional immunizations.)

① ワクチン名 / Name of immunization: _____

予防接種を受けた日 / Date of immunization (YYYY/MM/DD): _____

② ワクチン名 / Name of immunization: _____

予防接種を受けた日 / Date of immunization (YYYY/MM/DD): _____

③ ワクチン名 / Name of immunization: _____

予防接種を受けた日 / Date of immunization (YYYY/MM/DD): _____

④ ワクチン名 / Name of immunization: _____

予防接種を受けた日 / Date of immunization (YYYY/MM/DD): _____

以上