# Application Materials for GRIPS/BRI Master’s Program

1. Instructions

Please read this information carefully before completing application materials for the GRIPS/BRI Master’s Program.

You will NOT be registered as an applicant until we have received all of your supporting documents.

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.

Ensure that all supporting documents meet our requirements (see Section 2).

Applicants must send all supporting documents together in one package. In extenuating circumstances you may have your official transcripts and certificates of graduation/degree sent directly to us by the registrar. In such cases, please enclose a memo with your application explaining the circumstances.

All materials submitted by an applicant become the property of GRIPS and will not be returned. Please be sure to keep one copy of your application for your records.

All personal information that we receive from applicants will be used solely for the purposes of admissions screening, collecting statistical information, student registration, educational affairs, and collection of tuition. All information provided by applicants in their applications and supporting documents will remain confidential.

2. Supporting Documents

Applicants are requested to submit the following documents.

All documents must be in English. Documents in languages other than English must be accompanied by an official translation. To be official, the translation must have been done by the organization issuing the document or by an accredited translator. We will not accept your own translations.

Supporting documents, which can be prepared solely by the applicant, should be typed or printed wherever possible (A4 size paper and single-sided printing are preferable). If circumstances require, documents legibly handwritten with a pen or a ballpoint pen are acceptable.

Faxed documents or digital copies sent by e-mail will not be accepted.

Do not attach any additional documents apart from the items listed below.

**◆Please check ☑ whether you have submitted all the necessary documents**

|  |  |  |
| --- | --- | --- |
| **1.** | **Application form for GRIPS/BRI Master’s Program** (use designated form) | [ ]  |
| **2.** | **1 clear photograph of your face** (30 x 40 mm) Please paste the photograph onto the application form. | [ ]  |
| **3.** | **2 letters of recommendation** (use designated form)Each of your letters must contain both of the two A4 pages provided. Letters submitted that do not use our designated forms will not be accepted. They must be submitted in sealed, unopened envelopes signed across the flap by each recommender.Your letters of recommendation must be written by faculty members or job supervisors who are familiar with your academic and/or professional abilities. Ideally, one recommendation letter should come from a former professor or an academic supervisor.For details, please see the explanation on the designated form. | [ ]  |

|  |  |  |
| --- | --- | --- |
| **4.** | **Certificate of employment** (use designated form)You are required to submit this if you are currently employed and will be given study leave from your employer upon getting admitted to GRIPS.For details on required contents, please see the explanation on the designated form. | [ ]  |
| **5.** | **Official transcripts of academic record and graduation/degree certificates**You must submit official transcripts and graduation/degree certificates from all undergraduate and graduate institutions attended. These must be documents issued by the university and bearing the seal or signature of the registrar, and they must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities. You should request and receive your official transcripts and graduation/degree certificates from your university.* Official transcripts of academic record

Official transcripts should contain the following information: the name of the degree awarded, the date of award, the names of all courses taken and grades received, and the grading scale. It is helpful to have the student's rank in the class included in the information. If you are currently attending a university, please submit your most recent transcript.* Official graduation/degree certificates

Official certificates should state the name of your degree and the date the degree was awarded. If you are currently attending a university, you must submit an authorized statement of expected graduation certifying the specific date of graduation and title of the expected degree upon completion of the program. Do not send your original diploma, as documents will not be returned.Important notes* Transcripts/certificates that have been opened are not acceptable.
* Transcripts/certificates without the institution’s official stamp or the signature of the registrar are not acceptable.
* If a university has a policy not to issue more than one official transcript/certificate, you may submit photocopies verified by the university. These must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities.
* If a university cannot issue an official English transcript/certificate, you are required to submit both an official (photocopies are not acceptable) transcript/certificate written in its original language and bearing the institution’s stamp or the signature of the registrar and an English translation of the document, prepared by an accredited translator.
 | [ ]  |
| **6.** | **Official evidence of English ability** One of the following test scores is required: 1. IELTS (Academic Modules): 6.0 or higher 2. TOEFL PBT: 550 or higher3. TOEFL iBT: 79 or higherPlease 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 date of admission. Applicants who have completed or expect to complete an undergraduate or a graduate degree at an accredited institution located in the USA, the UK, Canada, Australia, New Zealand, or Ireland will be automatically exempted from submitting an English test score. Applicants who have completed or expect to complete an undergraduate or a graduate degree at an institution where the language of instruction is English may request a waiver of the English language proficiency requirement. If you wish to apply for a waiver, you must submit, as evidence, official documents issued by the educational institution you attended certifying that your undergraduate or graduate education was conducted in English. Please note that the granting of your language waiver request is at the discretion of our screening committee and that your request for a language waiver will be considered at the time of screening. | [ ]  |
| **7.** | **Statement of purpose** (use designated form)For details on required content, please see the explanation on the designated form. | [ ]  |
| **8.** | **Certificate of health** (use designated form) | [ ]  |

3. After You Apply

**Notify JICA (or the Embassy of Japan) of any changes**

You must notify JICA (or the Embassy of Japan) by email as soon as possible of any changes in your application that may occur after you have submitted the supporting documents. In case of any changes in your employment information (e.g., promotion, transfer), you must re-submit the Certificate of Employment that certifies your new status within 30 days.

# Inquiries

Details regarding the graduate program may be obtained from the following websites:

<http://www.grips.ac.jp>/en/

<http://iisee.kenken.go.jp>

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Photograph

Please write your name on the back of the photo

(30 x 40 mm)

APPLICATION FORM for

GRIPS/BRI MASTER’S PROGRAM 2016-2017

**(Type or print, and do NOT use “ALL CAPITAL LETTERS.”)**

PERSONAL DATA

1. Full name:

 As written in your passport

2. Date of birth: 3. Age (as of October 1st, 2016):

 Month/Day/Year

4. Gender: [ ]  Male [ ]  Female 5. Marital status: [ ] Single [ ]  Married

6. Nationality:

 As written in your passport

7. Present employer (name of organization):

 (Does your organization belong to a central or regional authority? [ ]  Central [ ]  Regional [ ]  Neither)

8. Present position, department/section:

9. Work address:

Postal code: Country:

TEL:  **-** FAX:  **-**

 Country code - complete number Country code - complete number

10. Home address:

Postal code: Country:

TEL:  **-** FAX:  **-**

 Country code - complete number Country code - complete number

11. Preferred mailing address: [ ]  Work [ ]  Home [ ]  Other, namely (Fill in the following fields.)

Address:

Postal code: Country:

TEL:  **-** FAX:  **-**

 Country code - complete number Country code - complete number

12. E-mail 1:

E-mail 2:

APPLICATION INFORMATION

1. 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 or certificate of graduation/completion states your GPA, honors, class, or rank, enter this information as it is shown in your transcript. If there is insufficient space for entering all the institutions you have attended, you may add new rows as needed.

|  |  |  |
| --- | --- | --- |
| From elementary education to secondary education(before higher education) | Period of attendance (from–to)Month Year | Duration of schooling |
|  | yearsmonths |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Higher education | Full name of institution & city | Period of attendance(from–to)Month Year | Duration of schooling | Name of degree | GPA(if available) | Honors/class/rank/division(if available) |
| Undergraduatelevel(Bachelor’s) |  |  | yearsmonths |  |  |  |
|  |  | yearsmonths |  |  |  |
| Graduate level(Master’s/Doctoral) |  |  | yearsmonths |  |  |  |
|  |  | yearsmonths |  |  |  |
| Total number of years of schooling  (from elementary education to undergraduate/graduate education inclusive) | yearsmonths |

1. English proficiency:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | TOEFL iBT: |   |  |  |

Score Month/Day/Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | TOEFL PBT: |   |  |  |

Score Month/Day/Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | IELTS: |   |  |  |

Score Month/Day/Year

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

1. List below two persons familiar with your past academic or professional activity, from whom you have requested letters of recommendation.

1.

 Name Position and affiliation

2.

 Name Position and affiliation

1. List current and all previous employment **in reverse chronological order** starting with your most recent position.

|  |  |  |
| --- | --- | --- |
| Organization, type, & city | Dates (from-to)Month Year | Job title and description (maximum 20 words) |
|  |  |  |
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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 application form along with other supporting documents by courier or registered mail.

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|  |  |
| --- | --- |
| For GRIPS Use: Application ID |  |

LETTER OF RECOMMENDATION 2016-2017

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 |

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|  |  |  |  |  |
| 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. | 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. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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 |

 |

|  |  |
| --- | --- |
| 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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| --- | --- |
| For GRIPS Use: Application ID |  |

CERTIFICATE OF EMPLOYMENT 2016-2017

for a One-year Master’s Program

This form must be completed by, or under the authority of, the employer or equivalent official. Please note that the official stamp or seal and signature by any person other than the above person will be considered as invalid.

|  |
| --- |
| **EMPLOYER DETAILS** |
| Name of organization: |  |
| Address: |  |
|  |  | Postal code:  |  |
| TEL: |  | 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

I will approve a leave of absence for the above employee to study at GRIPS if he/she is admitted for the duration of one year.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Authorized person completing the form:** |  |
| Name: |  |  |
| Position/Title: |  |  |
| Signature: |  |  |
| Date: |  |  |
|  | Month/Day/Year |  | Please put an official stamp or seal in this space.If the official stamp or seal is in your local language and an English version is not available, please write its English translation in the margin of the form. |

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|  |  |
| --- | --- |
| For GRIPS Use: Application ID |  |

STATEMENT OF PURPOSE 2016-2017

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)

**健康診断書**

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

**Please fill out (PRINT/TYPE) in Japanese or English. Do not leave any items blank.**

氏名 □男 Male 　　　　　生年月日 年齢

Name : □女 Female　　　　 Date of Birth : Age :

　　　　 Family name, 　　　　 First name Middle name

１．身体検査　Physical Examinations

　(1) 身　長　　　　　　　　 体　重

　　 Height　　　　　 cm 　 Weight　　　　　 kg

ＲＨ ＋

 　　－

A B O

　(2) 血　圧　　　　　　　　　　　　　 　　血液型

　　 Blood pressure 　　　　　　 mm/Hg～ 　　　　 mm/Hg Blood Type

脈拍数　　 　 　　　　 □整 regular

Pulse Rate ＿＿＿/min □不整 irregular

　(3) 視　力

　　 Eyesight : (R) 　　(L)　　 　　　　　　　 (R) 　　　 (L)

　　　　　　　　　　裸眼 without glasses　　　　 　　矯正　with glasses or contact lenses

　(4) 聴　力 □正常 normal 言　語 □正常 normal

Hearing : □低下 impaired speech : □異常 impaired

２．申請者の胸部について，聴診とＸ線検査の結果を記入してください。Ｘ線検査の日付も記入すること（6ヶ月以上前の検査は無効｡)

Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).

 　肺　　　　　　　　　　　　　　　　　　　　　　　　 心臓

　　　　　　　　　　　　　　　　lung: □正常 normal 　　　Date　　　　　　　　　　　 Cardiomegaly:□正常 normal

　　　　　　　　　　　　　　　　　 　□異常 impaired 　　　　　　　　　　　　　　　　 　　　　　 □異常 impaired

　　　　　　　　　　　　　　　　　　　　　　　　　　 Film No.

心電図

Electrocardiograph

□正常 normal □異常 impaired

　　　　　　　　　　　　　　　　　　Describe the condition of applicant's lung.

３．現在治療中の病気 □Yes (Disease: 　　　 Medicine: 　　　 )

Disease & Treatment at Present □No

４．既往症　Past history : Please indicate with ＋ or － and fill in the date of recovery.

Tuberculosis……□( . . ) Malaria……□( . . ) Measles……□( . . )

Epilepsy……□( . . ) Kidney disease……□( . . ) Heart diseases……□( . . )

Diabetes……□( . . ) Drug allergy……□( . . ) Psychosis……□( . . )

Functional disorder in extremities……□( . . ) Others……□( . . )

Rheumatic fever……□( . . ) Hepatitis (Type: A, B, C, D, E) ( . . )

５．ワクチン接種歴　Vaccination history

MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( ) Mumps……□ Time(s) ( ) Hepatitis B……□ Time(s) ( )

MMR (Measles, Mumps. Rubella)……□ Time(s) ( ) Chicken pox……□ Time(s) ( ) Meningitis……□ Time(s) ( )

MR (Measles, Rubella)……□ Time(s) ( )　　 Polio……□ Time(s) ( )

M (Measles)……□ Time(s) ( ) Diphtheria Pertussis Tetanus combined……□ Time(s) ( )

６．検　査　Laboratory tests

　　検 尿　Urinalysis:glucose( ),protein ( ),occult blood ( )・検　便　Feces: Parasite(egg of parasite)(+,-)

赤沈　ESR :　　　　mm/Hr,　WBC count :　　　　x103/μl, Hemoglobin:　　　　g/dl, ALT:　　　　u/l

Pregnancy test ( ) if you are female

７．診断医の印象を述べて下さい。　Please describe your impression.

８．志願者の既往歴，診察・検査の結果から判断して，現在の健康の状況は充分に留学に耐えうるものと思われますか？

In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan？　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　yes □　　no □

日付　　　　　　　　　　　　　署名

Date: 　　　　　　　　　　 Signature:

　　　　　　　　　　医　師　氏　名

Physician's Name in Print:

　　　　　　　　 検査施設名

Office/Institution:

 　　　　　　　　　　 所在地

 Address: