**[Preference card (for Master’s Program)]**

Department of Mechano-Informatics, Graduate School of Information Science and Technology, The University of Tokyo

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| Program | Master’s Program | | | | | |
| Examinee’s name |  | | \*Examinee’s number | | |  |
| Graduating university  切 | University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Contact info and address during the examination period | TEL: E-mail: | | | | | |
| Names of preferred thesis advisor | Preference 1 |  | | Preference 6 |  | |
| Preference 2 |  | | Preference 7 |  | |
| Preference 3 |  | | Preference 8 |  | |
| Preference 4 |  | | Preference 9 |  | |
| Preference 5 |  | | Preference 10 |  | |
| Willingness to enroll (circle “Yes” or “No”) | If you are not assigned to any of the preferred advisors listed above,  will you still pursue enrollment?  Yes / No | | | | | |
| Do you wish to enter the school in September 2020? | Yes  (Circle “Yes” above if applicable.) | | |  | | |
| Field of study and research plan  (Describe in as much detail as possible) |  | | | | | |
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* Submit this form along with your application.
* Leave the **Examinee’s number** box, denoted by “\*”, blank.
* If you wish to enter the school in September 2020, be sure to confirm your eligibility with the Department Administration Office, and circle “Yes” in the appropriate column above.
* There is a possibility you will not pass the examination if you circle “No” in the “Willingness to enroll” box and are not assigned to any preferred advisor.

**[Preference card (for Doctoral Program)]**

Department of Mechano-Informatics, Graduate School of Information Science and Technology, The University of Tokyo

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| Program | Doctoral Program | | | | |
| Examinee’s name |  | \*Examinee’s number | |  | |
| Graduating university or graduate school  切 | University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Graduate School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Contact address during the examination period | TEL: E-mail: | | | | |
| Name of prospective thesis advisor |  | | Do you wish to enter the school in September 2020? | | Yes  (Circle “Yes” above if applicable.) |
| Field of study and research plan  (Please describe in as much detail as possible) |  | | | | |
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* Submit this form along with your application.
* Leave the **Examinee’s number** box, denoted by “\*”, blank.
* Note that different application periods are scheduled for the Summer and Winter Examinations. Application documents received outside of the respective application periods shall be deemed invalid.
* If you wish to enter the school in September 2020, be sure to confirm your eligibility with the Department Administration Office, and circle “Yes” in the appropriate column above.