**[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.