



Fill out this checklist, sign it and send it together with your application.

Application deadline: October 31, 2019

APPLICATION CHECKLIST

- (1) Application CHECKLIST [this form]*
- (2) Online Registration <https://wwwdc01.adst.keio.ac.jp/kj/ic/jjwbgsp/jjwbgsp2020.html> (by October 24, 2019)
- (3) Application form [5 pages]*
- (4) Two letters of recommendation [from two people who have direct knowledge of the applicant's professional experience]*
- (5) Letter of recommendation [from university professor]* (optional)
- (6) Medical certificate*
- (7) TOEFL or IELTS results [Other certifications are NOT acceptable]
Date of examination _____
Date of arrival of score at Keio University _____
- (8) Transcript of records [Original or certified by the university]
- (9) Diploma / certificate of graduation [Original or certified by the university]
- (10) True copy of passport, birth certificate or any OFFICIAL document showing the date of birth of the applicant
- (11) Proof of employment

*Prescribed form. Available at <http://www.ic.keio.ac.jp/en/study/jjwbgsp/admission.html>

Documents (3) - (5) must be typed in. Handwriting will not be acceptable.

Where did you hear about this program? [Check one.]

- Academic Institution
- World Bank homepage
- Graduate of JJ/WBGSP
- Other: _____
- Workplace
- World Bank office
- Keio homepage

Please read the following points on how application materials shall be handled.

1. Be informed that name, addresses, and other personal information shall be used for the selection process, announcement of results and other necessary procedures.
2. If necessary, Keio University may check with the university or employer regarding the validity of the certificates and letters of recommendation you have submitted.

ACKNOWLEDGEMENT AND DECLARATION

I acknowledge what is written above and accept all the terms.

I also declare that to the best of my knowledge the information herein is correct and complete. I acknowledge that provision of incorrect information or the withholding of relevant information in relation to my academic and professional records may result in the withdrawal by the university of any place which may be offered. I also pledge that if selected, I can begin the program according to the academic calendar of the year for which I am accepted and can attend classes without disruption for the duration of the scholarship period.

Signed:	Date:
Name:	Country:



MASTER'S DEGREE PROGRAM IN TAXATION POLICY AND MANAGEMENT

APPLICATION FOR ADMISSION - 2020

Application Form

Must be typed in. Handwriting will not be acceptable. Application due: **October 31, 2019**

1. PERSONAL DATA

*Write your name as it appears in your passport or on birth certificate.

Family / Last name		Attach recent photo here [taken within the] last 3 month 4 × 5cm
First / Given name	Middle name	
Nationality		
Date of birth (Month) (Day) (Year)		
Age	Sex M / F	
Home	Address for correspondence [good until April 2020] (Required)	
	Phone* [] country code	
	Fax* [] country code	
	Email address* (Required)	
Office	Address for correspondence [good until April 2020] (Required)	
	Phone* [] country code	
	Fax* [] country code	
	Email address* (Required / Your official Email address used at the institution you belong to.)	
List any other programs which you are applying for:		

*Give us a contact number / e-mail address in case we need to contact you.

2. EDUCATION

PRIMARY and SECONDARY EDUCATION					
Type of school	Name	Country	From [mm/yy]	To [mm/yy]	Number of years



MASTER'S DEGREE PROGRAM IN TAXATION POLICY AND MANAGEMENT

APPLICATION FOR ADMISSION - 2020

2. EDUCATION, CONTINUED

UNDERGRADUATE EDUCATION	
Degree awarded	[major]
Institution / Country	Period of enrollment [mm-yy]
Honors / Distinction [if any]	Number of years

GRADUATE EDUCATION	
Degree awarded	[major]
Institution / Country	Period of enrollment [mm-yy]
Honors / Distinction [if any]	Number of years

ADDITIONAL STUDIES		
Other relevant subjects / courses	Institution / Country	Enrollment from [mm/yy] - to [mm/yy]
Have you ever studied outside your country? Yes / No If yes, list the name and location of the institution, and any degree attained.		

3. LETTERS OF RECOMMENDATION

Provide the following information on your referees.			
Full name	Title / Position	Institution	Email address


4. EMPLOYMENT

Employment Record [List your present employment first]		
Period	Name and address [city / country]	Job title and description
From: [mm/yy] To: [mm/yy] ___ years		
From: [mm/yy] To: [mm/yy] ___ years		
From: [mm/yy] To: [mm/yy] ___ years		
From: [mm/yy] To: [mm/yy] ___ years		

◎ Use a separate sheet if necessary.

5. FUTURE PLANS

Describe your future career plans after completing the program.
[Do not write more than can fit in the space provided on this page.]



6. STUDY PLAN

Describe the field of interest in which you hope to develop expertise and your plan for doing so.
You should also discuss the practical applications such study would have after you complete the program.

[Empty response area for the study plan]



7. PERSONAL STATEMENT [OPTIONAL]

Discuss your strength as an applicant to this program. You should explain your academic and professional background, your motivation for undertaking this program, and anything else you would like the reviewer to know. In discussing your professional background, you should describe your responsibilities, projects, undertaken, and other professional accomplishments that demonstrate your experience in taxation. [Use a separate sheet if necessary.]

[Empty box for writing the personal statement]



MASTER'S DEGREE PROGRAM IN TAXATION POLICY AND MANAGEMENT

APPLICATION FOR ADMISSION - 2020

Letter of Recommendation [From people who have direct knowledge of the applicant's professional experience-1]

Due October 31, 2019

Must be typed in. Handwriting will not be acceptable. (excluding signature)

Applicant's name:	Applicant's country
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1. How long and under what circumstances have you known the applicant?

2. Please rate the applicant according to the categories listed below.

	Excellent Top 5%	Very good Top 15%	Good Top 25%	Fair Top 50%	Weak Lower 50%	not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation with others						
English skill (written)						
English skill (oral)						

3. Please provide additional comments on the applicant.

Give your opinion on the applicant's potential for success in the course and afterwards.

Describe the applicant's academic strength and any weaknesses. Use the back side if necessary.

4. Indicate your overall evaluation of the applicant.

 Strongly recommend Recommended with reservation Not recommend

Signature:	Date:
Name:	Title:
Institution / Address:	Email:(required) Tel: *Please give us your email address and telephone number in case we need to contact you.

To referee: Please seal this form in an envelope, signing your name and across the seal. This letter should be submitted to the university unopened by the applicant with other application materials.

Alternatively, you may send the letter directly to:

JJ/WBGSP

c/o International Center, Keio University, 2-15-45 Mita, Minato-ku Tokyo 108-8345 JAPAN



MASTER'S DEGREE PROGRAM IN TAXATION POLICY AND MANAGEMENT

APPLICATION FOR ADMISSION - 2020

Letter of Recommendation [From people who have direct knowledge of the applicant's professional experience-2]

Due October 31, 2019

Must be typed in. Handwriting will not be acceptable. (excluding signature)

Applicant's name:	Applicant's country
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1. How long and under what circumstances have you known the applicant?

2. Please rate the applicant according to the categories listed below.

	Excellent Top 5%	Very good Top 15%	Good Top 25%	Fair Top 50%	Weak Lower 50%	not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation with others						
English skill (written)						
English skill (oral)						

3. Please provide additional comments on the applicant.

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4. Indicate your overall evaluation of the applicant.

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Name:	Title:
Institution / Address:	Email:(required) Tel: *Please give us your email address and telephone number in case we need to contact you.

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APPLICATION FOR ADMISSION - 2020

Letter of Recommendation [From university professor] (optional)

Due October 31, 2019

Must be typed in. Handwriting will not be acceptable. (excluding signature)

Applicant's name:	Applicant's country
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1. How long and under what circumstances have you known the applicant?

2. Please rate the applicant according to the categories listed below.

	Excellent Top 5%	Very good Top 15%	Good Top 25%	Fair Top 50%	Weak Lower 50%	not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation with others						
English skill (written)						
English skill (oral)						

3. Please provide additional comments on the applicant.

Give your opinion on the applicant's potential for success in the course and afterwards.

Describe the applicant's academic strength and any weaknesses. Use the back side if necessary.

4. Indicate your overall evaluation of the applicant.

 Strongly recommend Recommended with reservation Not recommend

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Name:	Title:
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MASTER'S DEGREE PROGRAM IN TAXATION POLICY AND MANAGEMENT

APPLICATION FOR ADMISSION - 2020

Medical Certificate [To be filled out by a certified medical doctor, NOT by the applicant]

Applicant's name:	Applicant's country
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Eyesight		Color recognition test
Uncorrected [L]	[R]	Normal / Impaired
Uncorrected [L]	[R]	

Hearing
Normal / Impaired

Chest X-ray results
Normal
Impaired *Please describe any abnormalities.

Record of infectious disease and immunization					
Has the student ever had the following diseases and/or received vaccination?					
Measles	Yes / No / Vaccinated		Rubella	Yes / No / Vaccinated	
	Date of Recovery/Vaccination	/ /		Date of Recovery/Vaccination	/ /
Mumps	Yes / No / Vaccinated		Varicella	Yes / No / Vaccinated	
	Date of Recovery/Vaccination	/ /		Date of Recovery/Vaccination	/ /

Present state of health

Signature:	Date:
Name of medical doctor:	
Institution / Address:	