# INTERNATIONAL COLLEGE FOR POSTGRADUATE BUDDHIST STUDIES

Tokyo, Japan

Information for Application, 2025

A Five-Year Postgraduate Programme in Buddhist Studies

# The information contained in this booklet is exclusively for applicants residing outside Japan.

# We recommend you read this brochure from start to finish so as to ensure a thorough understanding of all procedures.

For further information please contact the following address:

Academic and Student Affairs Division, International College for Postgraduate Buddhist Studies 2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan

> Phone No: +81-3-5981-5271 Fax No: +81-3-5981-5283 E-mail: student @ icabs. ac. jp

URL: https://www.icabs.ac. Jp/en/

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#### APPLICATION FOR ADMISSION

International College for Postgraduate Buddhist Studies offers doctorate course covering a full five years. The college will accept applications once a year from overseas students for admission in the academic year 2025.

#### 1. Category of Students

Degree students only:

A degree student is one who, having satisfied all the requirements for admission, is accepted as a candidate for a Doctor of Philosophy degree. Applicants are required to study five years, which is the equivalent of a two-year master's course and a three-year doctor's course.

### 2. Qualifications for Admission

Applicants must complete sixteen years of formal education before entering our college.

Applicants who come from countries with only fifteen years of formal education and applicants who are considered to have abilities equal to those postgraduates should contact our Academic and Student Affairs Division for further information by 15 April 2024.

#### 3. Number of Overseas Students Admitted

A few overseas students are expected to be admitted.

#### 4. Application Period, Notification of Selection and Time of Admission

Applications will be accepted once per academic year.

1) Application Period: 1 April 2024-30 April 2024

2) Notification of Selection: 6 June 2024

3) Time of Admission: 3 April 2025

(The accepted student can also choose to be enrolled as a research student from 1 October 2024 to 3 April 2025 before he/she enrolls doctorate course covering a full five years. For more details, enquire at the Academic and Student Affairs Division.)

- Notification of selection results will be sent by mail to applicants.
- A successful application is valid only for the term specified in the letter attached to the notification of selection.
- No telephone inquiry concerning the result of an application will be accepted.
- Once submitted, documents and fees will not be returned for any reason.

#### 5. Method of Selection

Selection will be done by screening the documents submitted by each applicant. Before screening, applicants may be interviewed by phone or in person.

#### 6. Application Fee

- The application fee of 30,000 yen should be paid by bank transfer, bank check or ordinary international postal money order in Japanese currency. Handling charges, also payable in Japanese currency, should be added to this payment so that the amount of the fee is 30,000 yen.
- Application fees should be paid during the application period for which you submit your application forms. Please refer to "4. Application Period, Notification of Selection and Time of Admission" for the due date.
- The application fee is non-refundable. Personal checks and travelers checks will not be accepted.

- 1) For payments by bank transfer
  - (1) make payment to the following account:

Gakkohojin Kokusai Bukkyo-gakuin 学校法人 国際仏教学院 Account No.: Ordinary Account 1124873 普通口座 1124873 Bank: MUFG Bank, Ltd., Toranomon Chuo Branch 三菱 UFJ 銀行 虎ノ門中央支店

- (2) add a handling charge required.
- 2) For payments by bank check or ordinary international postal money order
  - (1) make payment payable to:

Gakkohojin Kokusai Bukkyo-gakuin 学校法人 国際仏教学院 2-8-9 Kasuga, Bunkyo-ku, Tokyo, Japan 東京都文京区春日 2-8-9

(2) add a handling charge as follows:

the amount required for a bank check

Free of charge for an international postal money order.

(3) Bank checks should be sent by registered mail to the above address.

#### 7. Documents and Credentials for Application

The following documents are required for application. Documents for sections 1), 4), 5), 7), 8), 9) and 10) must be written in either Japanese or English. If documents for sections 2), 3), and 11) are written in a language other than English or Japanese then translations (in English or Japanese) should be attached. All documents must be originals; copies and translations will not be accepted unless they are certified by a university or public institution.

Any falsification found in documents presented for application will result in the immediate disqualification of that application.

1) Application form with a photograph (4cm×3cm). [Form 1]

This form must be written by the applicant.

A complete educational record beginning from primary school should be given in the Educational Background section. Dates for the period of attendance (and also for the period of employment in the Occupational Experience section) should be written in the Japanese style, year followed by month.

In case the "Educational Background" section is not appropriate or sufficient, you may write your educational background on a separate sheet of paper. The size of paper to be used should be exactly as large as the "Application for Admission."

Information about both your two academic referees should be provided in the Academic Referees section. The self-assessment question (no. 6) in the Japanese Proficiency section should be answered by circling the number which you think corresponds to your present level of ability.

- 2) Original official university / college transcript(s). If the applicant has advanced to postgraduate school, then the transcripts for both the university and the postgraduate school should be submitted.
- 3) Original certificate of graduation (or prospective graduation) with the date (or prospective date) of conferral and title of degree from your university. If the applicant has advanced to postgraduate school, then the certificates of graduation for both the university and the postgraduate school should be submitted.
- 4) Two "REFERENCE REQUEST FORMS". [Form 2]

These forms should be prepared by the referees and submitted by them after completion. Referees should be your undergraduate or postgraduate supervisors and they should be able to comment in detail on your capacity to cope with the academic demands of the course for which you are applying. You should ask your referees to send their reports direct to the Academic and Student Affairs Division, International College for Postgraduate Buddhist Studies, 2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan before the deadline for the application.

- 5) "Study-Plan." [Form 3]
  - This document must be written by the applicant. Please include the reason why you want to study at this college and what you want to study here. At the bottom of the form, include the theme of the applicant's degree theses.
- 6) A graduation thesis / a master's thesis. A copy of the graduation thesis should be submitted. If the applicant has advanced to a postgraduate school, then a copy of the master's degree thesis will suffice. If the thesis is written in a language other than Japanese or English, also submit a summary of the thesis in English.
- 7) "Statement of Source of Funds." [Form 4]
  - In the source of funds section, please provide information on how your expenses for study in Japan will be covered.
  - (1) First choose one of the 8 fund sources in "Source of Funds." In case you choose "2. Scholarship" or "3. Loan," please give detailed information in the section "Scholarship or Loan."
  - (2) In the "Accommodations" section, please give information such as where you live, what kind of accommodation you live in, and how much you have to pay.
  - (3) In the "Plan To Cover Expenses" section, please give details of how you cover the expenses incurred per year in order to stay and study in Japan. Where expenses are projected to be in excess of funds, please give details of plans to cover the deficit. When providing the details of how you will cover expenses, please use the information given in "GENERAL INFORMATION" on page 9.
    - \* You are also required to submit the following document(s), depending on how all of your expenses incurred by your stay in Japan will be covered.
    - 1. In case the applicant pays for the expenses.
      - (1) A scholarship document outlining your grant. If the scholarship will be granted by an institution or organization, then he/she must ask this institution or organization to prepare it.
      - (2) A bank statement certifying the balance of the applicant's bank account.
    - 2. In case the expenses are financed by remittance from someone in your country.
      - (1) A bank statement certifying the balance of the bank account of the person remitting the expenses.
      - (2) A document stating the reason(s) why the person remitting the expenses intends to provide the financial support. The document must be drafted by the person remitting the expenses.
    - 3. In case the expenses are covered by a resident in Japan.
      - (1) Either a certificate of payment of local tax or income tax, where the tax income is recorded, a withholding slip, a copy of financial income tax return or a bank statement certifying the balance of the bank account of the person covering the expenses.
      - (2) A document stating the reason(s) why the person remitting the expenses intends to provide the financial support. The document must be drafted by the person remitting the expenses.
- 8) "Physical Examination Certificate." [Form 5]

This must be prepared within 3 months of application by a medical institution.

- 9) "Application for Scholarship" [Form 6]
  - If you need the scholarship from the college, please fill out the form and submit it along with application forms and the other relevant documents. For further details on the scholarship, please refer to the information on page 6. In the "Miscellaneous Income" of the "Applicant's Income" section, please specify, if any, in the space next to it.
- 10) "Letter of Recommendation for International College for Postgraduate Buddhist Studies Scholarship" [Form 7]

This form should be filled out by the applicant's supervising professor and be submitted to the college together with the application form for the scholarship.

11) It is preferable to submit documents proving the applicant's Japanese and/or English ability. If the applicant has taken a "Japanese-Language Proficiency Test" or any other recognized Japanese Language test, then the results should be submitted. "Japanese-Language Proficiency Test" is jointly administered by JAPAN EDUCATIONAL EXCHANGES and SERVICES, Japan.

#### 8. Submission of Application Materials

- 1) The application and all application documents should be enclosed in an envelope and sent by registered mail to the Academic and Student Affairs Division.
- 2) No application materials will be accepted over the counter at the Academic and Student Affairs Division or after the deadline for submission.

In case your application documents are not complete, your application will be considered invalid. Make sure that all forms are filled in appropriately and every necessary document is enclosed in the envelope.

### FIELDS OF STUDIES

- · South and South-East Asian Buddhism
- · Inner Asian Buddhism
- · East Asian Buddhism
- · Pan-Asian Buddhist Arts and Culture

### FACULTY (Academic Year 2024)

#### 1. Professors

CHI Limei Chinese Buddhist History, History of the Chinese Buddhist Canon

DELEANU Florin Mainstream Buddhism, Abhidharma, Yogācāra FUJII Kyoko East Asian Buddhism, Japanese Thought

HABATA Hiromi Indian Buddhism, Central Asian Buddhism
OCHIAI Toshinori East Asian Buddhism, Chinese Buddhist Canon

SAITO Akira History of Indian Buddhist Philosophy, Madhyamaka Studies

#### 2. Visiting Professor

WANG Song Professor at Peking University

#### 3. Lecturers

HORIUCHI Toshio Professor at Toyo University

ISHIKAWA Iwao Researcher at The Eastern Institute Inc KAMITSUKA Yoshiko Professor Emeritus at Nagoya University KOJIMA Yasuko Lecturer at Tokyo Metropolitan University

MINOWA Kenryo Professor at University of Tokyo
MIYAMOTO Hisayoshi Former Professor at Toyo University

MIYATA Shoko Lecturer at Tokyo University of Foreign Studies

MIYAZAKI Tensho Associate Professor at Research Institute for Buddhist Culture, Tsurumi

University

MUROYA Yasutaka Professor at Kobe Women's University SAITO Takanobu Former Professor at Bukkyo University

SUDO Ryushin Lecturer at Waseda Institute for Advanced Study

TADO Taichi Lecturer at Waseda University

TANAHASHI Satoshi Professor at Ochanomizu University

TSUCHIYAMA Yasuhiro Former Professor at Saitama Institute of Technology

#### **FEES**

### 1. Matriculation and Tuition Fees

Matriculation Fee: 300,000 yen (Payable once at matriculation)

Tuition Fee: 600,000 yen per year (300,000 yen per semester)

\* There are two semesters: summer (April - July) and winter (October - February). The payment of the winter semester tuition fee should be made within one month of the start of the semester; the student will be notified of the time of payment of the summer semester tuition fee before the end of the winter semester.

#### 2. National Health Insurance Fee

Approximately 2,000 yen per month

All foreign students enrolled at this college must enroll the National Health Insurance Program. Please see at page 9 for further details.

#### 3. Academic Accident Insurance for Students

There are two types of 'academic accident insurance' schemes available for students. The ordinary scheme covers accidents occurring within the college, related to classes and college activities; the special scheme also covers accidents while commuting to and from the college. These schemes are not obligatory. More precise details will be provided after matriculation.

The annual charges are 550 yen per annum for the ordinary scheme, and 650 yen per annum for the special scheme.

#### **SCHOLARSHIPS**

#### 1. ICPBS scholarship

The college will award the maximum number of ten scholarships (but not half over the number of registered students). The successful applicant will be a student of the college chosen on the basis of his/her academic record and financial needs.

1) Eligibility:

Applicants must satisfy each of the following four conditions:

- (1) They must either currently be students of, or have been accepted for admission to, the college. (This includes the research students accepted for admission to the doctorate course in coming April.)
- (2) They must be persons of outstanding academic achievement and personal merit, and must be in good health.
- (3) They must have a demonstrable commitment to the furtherance of international understanding, and to making an academic contribution at the international level.
- (4) They must need financial assistance for their studies at the college.
- 2) Amount of Scholarship: ¥80,000 or ¥180,000 per month depending on his/her academic excellence for the first two years (two and a half years for the research students accepted for admission to the doctorate course in coming April) of study.
  - \* After the initial two years (two and a half years for the research students accepted for admission to the doctorate course in coming April), and depending on the student's academic achievements, the scholarship may be continued for further three years.
- 3) If you need the college scholarship, the application form for the scholarship and the letter of recommendation should be submitted along with the admission application form and the other relevant documents
- 4) The result of your application for the scholarship will be announced along with that of your application for admission.

#### 2. Japanese Government (Monbukagakusho: MEXT) Scholarship

Non-Japanese nationals residing outside of Japan can apply for Japanese government scholarship through Japanese embassies or consulate-generals overseas. They should contact the Japanese embassy in their own country or region for details.

### MATRICULATION AND TUITION DEDUCTION FOR PRIVATELY-FINANCED STUDENTS

• Privately financed students who are accepted as regular students of our college may be allowed a partial or a full deduction on their matriculation and tuition fee based on their academic excellence and financial needs.

(This includes the research students accepted for admission to the doctorate course in coming April.)

• Details of this scheme and information which they are entitled to apply for are available at the beginning of the academic year in April.

#### ADMISSION PROCEDURES FOR THE ACCEPTED STUDENT

#### Procedures for Admission into this College

After receiving the "Notification of Selection", the applicant is required to complete the following formalities for enrollment for this college - payment of the matriculation fee and submission of all relevant documents by the appointed day. The applicant will find the exact deadline specified in a letter which will be sent together with the 'Notification of Selection'. When these formalities have all been completed, the college will issue a certificate giving formal permission to matriculate.

#### 1. Payment of Matriculation

The matriculation fee should be paid prior to completing the enrollment for the college.

- \* As for the means of payment, please refer to "6. Application Fee" on page 1. Handling charges should be added to the matriculation fee so that the amount of the fee is the one specified in "1. Matriculation and Tuition Fees" on page 6.
- \* This fee is non-refundable. Failure to meet the deadline for this payment of fee will result in cancellation of admission to the Postgraduate Programme.

#### 2. Submission of Documents

- 1) The applicant must submit a "Written Oath" to the Academic and Student Affairs Division. [Prescribed form available]
- 2) "Letter of Guarantee" The guarantor should be either Japanese or a person residing in Japan who has a permanent visa or who has a work visa valid for at least the period during which the student intends to be in Japan. [Prescribed form available]

#### GENERAL INFORMATION

#### 1. Living Expenses

In order to live in Tokyo as a student, and study at a university, expenses other than tuition fees are necessary. These include rent, utilities, transportation, food, and text expenses. The expenses below are average total amounts, but personal differences will arise. These are the minimum amounts that one must be able to bear per year.

1) Rent: 780,000 yen (One room apartment with no bath)

2) Food and Living Expenses: 900,000 yen (Utilities, Transportation, etc.)

3) Health Insurance, Medical Fees: 35,000 yen

4) Others: 360,000 yen (Texts, Stationery, Clothing, etc.)

**Total:** 2,075,000 yen

#### 2. Lodging

The college has a guesthouse/dormitory situated on the campus which provides 10 flats for regular students and visiting scholars. Chances of being allowed to rent a flat are high, but availability of lodging space changes every year.

In case we cannot provide lodging space in the guesthouse/dormitory, students are responsible for finding accommodations for themselves.

#### 3. National Health Insurance

Formalities are carried out at the city or ward office's National Health Insurance Section. After the formalities, students will make monthly payments of the insurance fee. Upon declaration of lack of income, they may receive a discount of the monthly fee.

Upon joining the National Health Insurance Programme they will be issued a Health Insurance Card. If you show this at the reception desk when you receive medical treatment, you will usually need to pay only 30% of the incurred medical costs.

Please ask for further details at Academic and Student Affairs Division.

# **Application for Admission** (Academic Year 2025)

| Surnan  | ne [Mr/I             | Mrs / Mis | s / Ms]             | First N    | lame              | Middle                                       | e Name                         |                   |                            |
|---------|----------------------|-----------|---------------------|------------|-------------------|--|--------------------------------|-------------------|----------------------------|
|         |                      |           |                     |            |                   |  |                                |                   |                            |
| (Offic  | e Use Only           | ')        | Natio               | nality:    |                   |  |                                |                   | Please attach a photograph |
|         |                      |           |                     |            |                   |  |                                |                   | (4cm x 3cm)                |
| Sex:    |                      |           | Marital Status      | <b>:</b> : | Date of Birth:    |  |                                |                   |                            |
|         | le · Fen             |           | Married •           | Single     | Year              | / Month                                      | / Day                          |                   |                            |
| Permai  | nent Home            | Address:  |                     |            |                   |  |                                |                   |                            |
| Phone   | No:                  |           |                     |            |                   | Fax No:                                      |                                |                   |                            |
| E-mail: |                      |           |                     |            |                   |  |                                |                   |                            |
| Addres  | s for Corres         | spondend  | ce (if different to | permanent  | home address):    |  |                                |                   |                            |
| Phone   | No:                  |           |                     |            |                   | Fax No:                                      |                                |                   |                            |
| E-mail: |                      |           |                     |            |                   | <u>,                                    </u> |                                |                   |                            |
|         |                      | Educ      | cational Ba         | ckarour    | nd List, in chro  | onological order, the                        | schools attended (including pr | rimarv sch        | pol).                      |
|         | Period of Attendance |           |                     |            | Name              | Type and Date of Degree Obtained             |                                | ocation of School |                            |
| Year    | , Month              | to Year   | , Month             | Primai     | Primary School:   |  |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         | ,                    | to        | ,                   | Junior     | High School:      |  |                                |                   |                            |
|         |                      |           |                     | Senior     | High School:      |  |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         | ,                    | to        | ,                   | Univer     | sity (Undergradu  | ate):  |                                |                   |                            |
|         | ,                    | to        | ,                   | Univer     | sity (Postgradual | te):   |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         | 3                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         |                      |           |                     |            | Occupa            | tional Experie                               | nce                            |                   |                            |
|         |                      | of Emplo  |                     |            | Name              | of Company and Kir                           | nd of Work                     |                   | Location                   |
| Year    | , Month              | to Year   | , Month             |            |                   |  |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |
|         | ,                    | to        | ,                   |            |                   |  |                                |                   |                            |

**International College for Postgraduate Buddhist Studies** 

| Family  |                           |                      |                 |             |                                       |  |  |  |  |
|---|---------------------------|----------------------|-----------------|-------------|---------------------------------------|--|--|--|--|
| Relationship  |                           | Name in Full         |                 | Age         | Occupation                            |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
|   |                           | Guarantor R          | esiding in Japa | an          |                                       |  |  |  |  |
| 1. Do you have a guarantor in Japan? Yes / No *Those who answered "No" should answer the following question; those who answered "Yes" should omit it. |                           |                      |                 |             |                                       |  |  |  |  |
| 2. Do you think you ca  | n find a guarantor before |                      |                 |             | THE IL                                |  |  |  |  |
| Name in Full:   |                           |                      |                 |             | Relationship to the applicant:        |  |  |  |  |
| Address:  |                           |                      |                 |             | Nationality:                          |  |  |  |  |
|   |                           |                      |                 |             |                                       |  |  |  |  |
| Phone No:   |                           |                      | Fax No:         |             |                                       |  |  |  |  |
| Occupation in Detail:   |                           |                      |                 |             | Office Phone No:                      |  |  |  |  |
|   |                           | Acaden               | nic Referees    |             |                                       |  |  |  |  |
| Referee's Name:   |                           |                      |                 |             | Status:                               |  |  |  |  |
| Address   |                           |                      |                 |             |                                       |  |  |  |  |
| Address:  |                           |                      |                 |             |                                       |  |  |  |  |
| Phone No:   |                           |                      | Fax No:         |             |                                       |  |  |  |  |
| Date Form Given/Sent to   | our college: Year 20      | / Month              | / Day           |             |                                       |  |  |  |  |
| Referee's Name:   |                           |                      |                 |             | Status:                               |  |  |  |  |
| Address:  |                           |                      |                 |             |                                       |  |  |  |  |
| Address.  |                           |                      |                 |             |                                       |  |  |  |  |
| Phone No:   |                           |                      | Fax No:         |             |                                       |  |  |  |  |
| Date Form Given/Sent to   | our college: Year 20      | / Month              | / Day           |             |                                       |  |  |  |  |
| Japanese Proficiency  |                           |                      |                 |             |                                       |  |  |  |  |
| 1. Have you ever studied Japanese before? Yes / No  |                           |                      |                 |             |                                       |  |  |  |  |
| 2. If you have previously studied Japanese, for how long have you studied? month(s)   |                           |                      |                 |             |                                       |  |  |  |  |
| 3. Have you mastered  | basic grammar or basic    | structures of Japane | se? Yes /       | No          |                                       |  |  |  |  |
| 4. Have you taken a "J  | lapanese Language Profi   | ciency Test"? Yes    | / No 5. Have y  | ou taken a  | any other tests in Japanese? Yes / No |  |  |  |  |
| 6. Self Assessment of   | Ability:                  |                      |                 |             |                                       |  |  |  |  |
| Reading: 1. Exceller  | nt 2. Good 3. Fair 4      | l. Poor 5. None      | Speaking:       | 1. Exceller | nt 2. Good 3. Fair 4. Poor 5. None    |  |  |  |  |
| Writing: 1. Exceller  | nt 2. Good 3. Fair 4      | l. Poor 5. None      | Understanding:  | 1. Exceller | nt 2. Good 3. Fair 4. Poor 5. None    |  |  |  |  |

## **Postgraduate Reference Request Form**

International College for Postgraduate Buddhist Studies
Academic Year 2025

### Section A To be completed by the applicant

| Applicant's Details |            |             |               |  |  |  |  |  |
|---------------------|------------|-------------|---------------|--|--|--|--|--|
| Surname             | First Name | Middle Name | Sex:          |  |  |  |  |  |
|                     |            |             | Male / Female |  |  |  |  |  |
| Current Address:    |            |             |               |  |  |  |  |  |
| Phone No:           | I          | -ax No:     |               |  |  |  |  |  |

After you have completed this section, please send this form to the person you have named as referee, at the same time as you send your application form to the Academic and Student Affairs Division at International College for Postgraduate Buddhist Studies.

#### **Section B** For the attention of the referee

The above-named is applying for graduate study at this College, and has named you as a referee.

The College would be very grateful to have your opinion in confidence on the applicant's suitability on both academic and general grounds for his/her proposed course of study, and in particular on his/her ability to work and think independently. It would also be helpful to have detailed information on the results the applicant has obtained in his/her degree examinations thus far, where this information is known to you.

If the applicant's previous higher education has been subject to a grading system which is different from the system used in Japanese universities and colleges, it would be very helpful to have a brief explanation of the grading system which has been used (if this is not given on the transcripts of the institution) together with an indication of the applicant's performance relative to other students, for example in terms of ranking within his/her year.

If Japanese is not the applicant's first language, it would be helpful to have your comments on his/her proficiency in Japanese.

It will greatly assist consideration of the candidate's application if you are able to make an early response to this request. Please send your report to the following address.

Academic and Student Affairs Division, International College for Postgraduate Buddhist Studies, 2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan

Your report will be treated in confidence.

If you would like further details of the course for which the candidate is applying or if you have any other inquiries, please contact the above address.

The college is very grateful to you for your time and assistance on this matter.

| Applicant's Name:                      |           |
|--|-----------|
| Referee's Report:                      |           |
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| Referee's Signature:                   |           |
| Date: Year Month Day                   |           |
|  |           |
|  |           |
| Referee's Name in full (Please print): |           |
|  |           |
| Name of Institution:                   | Position: |
|  |           |
| Address:                               | Phone No: |
|  | Fax No:   |
|  |           |

## **Postgraduate Reference Request Form**

International College for Postgraduate Buddhist Studies
Academic Year 2025

### Section A To be completed by the applicant

| Applicant's Details |            |             |               |  |  |  |  |  |
|---------------------|------------|-------------|---------------|--|--|--|--|--|
| Surname             | First Name | Middle Name | Sex:          |  |  |  |  |  |
|                     |            |             | Male / Female |  |  |  |  |  |
| Current Address:    |            |             |               |  |  |  |  |  |
| Phone No:           | I          | -ax No:     |               |  |  |  |  |  |

After you have completed this section, please send this form to the person you have named as referee, at the same time as you send your application form to the Academic and Student Affairs Division at International College for Postgraduate Buddhist Studies.

#### **Section B** For the attention of the referee

The above-named is applying for graduate study at this College, and has named you as a referee.

The College would be very grateful to have your opinion in confidence on the applicant's suitability on both academic and general grounds for his/her proposed course of study, and in particular on his/her ability to work and think independently. It would also be helpful to have detailed information on the results the applicant has obtained in his/her degree examinations thus far, where this information is known to you.

If the applicant's previous higher education has been subject to a grading system which is different from the system used in Japanese universities and colleges, it would be very helpful to have a brief explanation of the grading system which has been used (if this is not given on the transcripts of the institution) together with an indication of the applicant's performance relative to other students, for example in terms of ranking within his/her year.

If Japanese is not the applicant's first language, it would be helpful to have your comments on his/her proficiency in Japanese.

It will greatly assist consideration of the candidate's application if you are able to make an early response to this request. Please send your report to the following address.

Academic and Student Affairs Division, International College for Postgraduate Buddhist Studies, 2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan

Your report will be treated in confidence.

If you would like further details of the course for which the candidate is applying or if you have any other inquiries, please contact the above address.

The college is very grateful to you for your time and assistance on this matter.

| Applicant's Name:                      |           |
|--|-----------|
| Referee's Report:                      |           |
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| Referee's Signature:                   |           |
| Date: Year Month Day                   |           |
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| Referee's Name in full (Please print): |           |
|  |           |
| Name of Institution:                   | Position: |
|  |           |
| Address:                               | Phone No: |
|  | Fax No:   |
|  |           |

# Study-Plan (Academic Year 2025)

| Name in full:               | Office Use Only:<br>受験番号 |
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| Theme of Bachelor's Degree: |                          |
| Theme of Master's Degree:   |                          |

# Statement of Source of Funds (Academic Year 2025)

| Surname [ Mr      | / Mrs / Miss / Ms ]              | First Name            |                     | Middle Initial        |              | Nationality:               |
|-------------------|----------------------------------|-----------------------|---------------------|-----------------------|--------------|----------------------------|
|                   |                                  |                       |                     |                       |              |                            |
| 1. Source         | <br>of Funds                     |                       |                     |                       |              |                            |
| 1. ( ) Self-s     | sponsored                        | 2. ( ) Sch            | olarship            | ,                     | 3. ( ) Loa   | ın                         |
|                   | ttance from home                 | , ,                   | nily residing in Ja |                       | . ,          | ative(s) residing in Japan |
| 7. ( ) Friend     | d(s) or Acquaintance(s) residin  | g in Japan            | 8. ( )              | Other: Please specify | below.       |                            |
|                   |                                  |                       |                     |                       |              |                            |
|                   |                                  |                       |                     |                       |              |                            |
|                   |                                  |                       |                     |                       |              |                            |
|                   | ship or Loan                     |                       |                     |                       | 1            |                            |
| Name of Scholar   | ship or Loan:                    |                       |                     |                       |              | pply ( ) Have applied      |
|                   |                                  |                       |                     |                       | ( ) Have     | already been accepted      |
| Period of Schola  | rship or Loan: From Year         | / Month               | to                  | Year /                | Month        |                            |
| Amount of Schol   | larship per month:               | Yen                   | Total A             | mount of Loan per ye  | ar:          | Yen                        |
| 3. Individu       | al Who Provides You              | With Assista          | nce                 |                       |              |                            |
| 1. Do you have a  | any individual who resides in Ja | apan and will help yo | ou while you stay   | in Japan?             | Relationship | to the applicant:          |
| Yes / N           | lo                               |                       |                     |                       |              |                            |
| Name in Full:     |                                  |                       |                     |                       | Nationality: |                            |
| Status of Reside  | nce:                             |                       | Period              | of Stay: Until Year   | / M          | onth / Day                 |
| Address:          |                                  |                       |                     |                       |              |                            |
|                   |                                  |                       |                     |                       |              |                            |
| Phone No:         |                                  |                       | Fax No              | :                     |              |                            |
| Annual Income:    |                                  |                       | ,                   | Total number of per   | sons depende | nt upon this income:       |
| Japanese \        |                                  |                       | Tax)                | -                     |              | person(s)                  |
| 3. Please specify | y what kind of assistance he/sh  | ne will offer you.    |                     |                       |              |                            |
|                   |                                  |                       |                     |                       |              |                            |
|                   |                                  |                       |                     |                       |              |                            |
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| 4. Accommodations         |
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| 5. Plan To Cover Expenses |
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# **Physical Examination Certificate**

Academic Year 2025

To be completed by the applicant's physician

| Surname   |                   |           | First Name     |           | Mi           | Middle Initial |             |             | Office Use Only) |
|---|-------------------|-----------|----------------|-----------|--------------|----------------|-------------|-------------|------------------|
| Date of Birth   | Year              |           | Month          |           | Day          |                | Sex         | Male        | / Female         |
| Present Addres  | S                 |           |                |           |              |                | ·           | ·           |                  |
| Height  | •                 | cm        | Weight         |           | kg           | Сс             | olor Vision | Normal /    | Abnormal         |
| Eyesight  | Right             |           | Left           |           | With Glasse  | es             | Right       | Left        |                  |
| Hearing   | Right: No         | rmal /    | Abnormal       |           | Left: No     | ormal          | / Abnorma   | al          |                  |
| Hearing Right: Normal / Abnormal Left: Normal / Abnormal  Please describe in detail the results of recent X-rays, chronic illnesses, or physical handicaps. |                   |           |                |           |              |                |             |             |                  |
| In my opini   | on the gener      | ral state | of the applica | ant's hea | alth is: [ ] | Excel          | llent / G   | food / Fair | / Poor ]         |
| I hereb   | y certify that    | at the al | ove is correct | t.        |              |                |             |             |                  |
| Sig   | gnature           |           |                |           |              |                |             |             | _                |
| Na  | Name of Physician |           |                |           |              |                |             |             |                  |
| Na  | me of Clinic      | e         |                |           |              |                |             |             | _                |
| Ad  | dress             |           |                |           |              |                |             |             | _                |
|   | Da                | te of Ex  | camination \   | Year      | Mo           | nth _          |             |             |                  |

# **Application for Scholarship** (Academic Year 2025)

| Surname [ Mr / Mrs / Miss / M   | ame                   | Middle Name |         |              |              |                   |                  |
|---------------------------------|-----------------------|-------------|---------|--------------|--------------|-------------------|------------------|
|                                 |                       |             |         |              |              |                   | Di 1             |
| Date of Birth:                  |                       |             |         |              | Sex:         |                   | Photo 4 cm×3 cm  |
| Year                            | / Month               |             | / Day   |              |              | e • Female        | r cm / C cm      |
| NI-C Pf                         |                       |             |         | Marital Otat | Mandad       | Oin alla          |                  |
| Nationality:                    |                       |             |         | Marital Stat | us: Married  | Single            |                  |
| Applicant's Current Address:    |                       |             |         |              |              |                   |                  |
|                                 |                       |             |         |              |              |                   |                  |
| Phone No:                       |                       |             |         | Fax No:      |              |                   |                  |
| Home Address:                   |                       |             |         |              |              |                   |                  |
|                                 |                       |             |         |              |              |                   |                  |
| Phone No:                       |                       |             |         | Fax No:      |              |                   |                  |
|                                 | App                   | olicant's   | or Spo  | use's Dep    | endents      |                   |                  |
| Name                            |                       | Age         | Rela    | tionship     |              | Occupation or Sch | ool              |
|                                 |                       |             |         |              |              |                   |                  |
|                                 |                       |             |         |              |              |                   |                  |
|                                 |                       |             |         |              |              |                   |                  |
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|                                 |                       |             |         |              |              |                   |                  |
|                                 |                       |             |         |              |              |                   |                  |
|                                 |                       | Ар          | plicant | 's Income    |              |                   |                  |
| Vind of C                       | Nacymatics on Doub to | ina i ala   |         |              | Number of    | Yearly Income E   | Before Tax (Yen) |
| Kind of C                       | Occupation or Part-ti | ime job     |         |              | Years        | Previous Year     | This Year        |
|                                 |                       |             |         |              | Year(s)      | ¥                 | ¥                |
|                                 |                       |             |         |              | Year(s)      | ¥                 | ¥                |
|                                 |                       |             |         |              | Year(s)      | ¥                 | ¥                |
|                                 |                       |             |         |              | Year(s)      | ¥                 | ¥                |
| Money Given By Applicant's F    | arents                |             |         |              |              | ¥                 | ¥                |
| Scholarship(s) including those  | for which you are     | currently a | pplying |              |              | ¥                 | ¥                |
| Miscellaneous Income:           |                       |             |         |              |              | ¥                 | ¥                |
|                                 |                       | SI          | pouse's | s Income     |              |                   |                  |
| Spouse's Name:                  |                       |             |         |              |              |                   |                  |
| Kind of Occupation or Part-time | ne job:               |             |         |              |              |                   |                  |
| Yearly Income Before Tax (Ye    | en): Previous Yea     | r:¥         |         |              | / This Year: | ¥                 |                  |

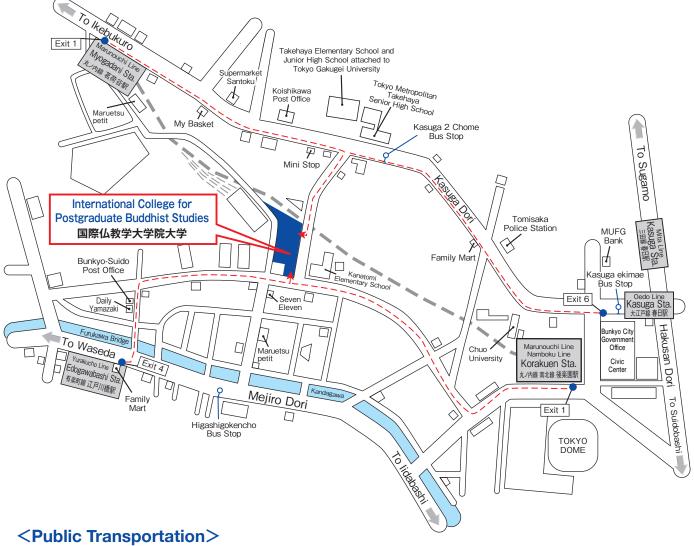
International College for Postgraduate Buddhist Studies

| Reason for Application for the Scholarship  |                  |                      |                                |               |  |  |  |  |  |  |
|---|------------------|----------------------|--------------------------------|---------------|--|--|--|--|--|--|
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|   |                  |                      |                                |               |  |  |  |  |  |  |
| Scholarships You Are Currently Receiving or Are Applying For  |                  |                      |                                |               |  |  |  |  |  |  |
| Name(s) of Scholarship and Name(s) of its Organization  Period of Receiving Scholarship  Amount of Monthly  Scholarship |                  |                      |                                |               |  |  |  |  |  |  |
|   |                  |                      | Scholarship                    |               |  |  |  |  |  |  |
|   |                  | Year /Mo             | ¥                              |               |  |  |  |  |  |  |
|   |                  |                      | Month                          |               |  |  |  |  |  |  |
|   |                  | Year /Mo<br>∼Year /  | onth<br>Month                  | ¥             |  |  |  |  |  |  |
|   |                  |                      | onth $\sim$                    |               |  |  |  |  |  |  |
|   |                  |                      | ¥                              |               |  |  |  |  |  |  |
|   |                  |                      | Month                          |               |  |  |  |  |  |  |
| Scholarship You Have Received   |                  |                      |                                |               |  |  |  |  |  |  |
| Name(s) of Scholarship and Name(s) of its<br>Organization   | Period of Red    | ceiving Scholarship  | Obligation of<br>Reimbursement | Total Amount  |  |  |  |  |  |  |
|   | Year             | /Month               | Yes / No                       | ¥             |  |  |  |  |  |  |
|   | $\sim$ Year      | /Month               | 163 / 110                      | +             |  |  |  |  |  |  |
|   | Year             | /Month               | Yes / No                       | ¥             |  |  |  |  |  |  |
|   | $\sim$ Year      | /Month               |                                | '             |  |  |  |  |  |  |
| To President, International College for Po  | stgraduate Bu    | ddhist Studies.      |                                |               |  |  |  |  |  |  |
| I hereby certify that the information con   |                  |                      | nplete and correc              | t to the best |  |  |  |  |  |  |
| of my knowledge and belief and is made  | in good faith, i | n executing this app | lication for the I             | nternational  |  |  |  |  |  |  |
| College for Postgraduate Buddhist Studie any falsehood or omission made on purpo  |                  |                      |                                |               |  |  |  |  |  |  |
| request that I will be accepted as a sch  |                  |                      |                                |               |  |  |  |  |  |  |
| Buddhist Studies.   |                  |                      |                                |               |  |  |  |  |  |  |
| Date of Signature: Year Month Day   |                  |                      |                                |               |  |  |  |  |  |  |
|   |                  |                      |                                |               |  |  |  |  |  |  |
| Name of Applicant   |                  |                      |                                |               |  |  |  |  |  |  |
| Signature   |                  |                      |                                |               |  |  |  |  |  |  |
| <u> </u>  |                  |                      |                                |               |  |  |  |  |  |  |
| Name of Guarantor   |                  |                      |                                |               |  |  |  |  |  |  |
|   |                  |                      |                                |               |  |  |  |  |  |  |
| Signature   |                  |                      |                                |               |  |  |  |  |  |  |
|   |                  |                      |                                |               |  |  |  |  |  |  |

## Letter of Recommendation for International College for Postgraduate Buddhist Studies Scholarship (Academic Year 2025)

To President, International College for Postgraduate Buddhist Studies,

| Applicant's name in full  | Family name:       |                         | First nai | First name:   |       | Middle name: |       |  |  |  |  |
|---|--------------------|-------------------------|-----------|---------------|-------|--------------|-------|--|--|--|--|
| Nationality   |                    |                         |           | Date of birth | Year  | / Month      | / Day |  |  |  |  |
| Applicant's address   |                    |                         |           |               |       |              |       |  |  |  |  |
| Comments on the qualifications of the applicant by his/her supervising professor: |                    |                         |           |               |       |              |       |  |  |  |  |
|   |                    |                         |           |               |       |              |       |  |  |  |  |
|   |                    |                         |           |               |       |              |       |  |  |  |  |
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|   |                    |                         |           |               |       |              |       |  |  |  |  |
|   |                    |                         |           |               | Month | / Day        |       |  |  |  |  |
| Applicant's supervising professor   | Name of university | University/Graduate sch | nool:     |               |       |              |       |  |  |  |  |
|   |                    | Department:             |           |               |       |              |       |  |  |  |  |
|   |                    | Name in full:           |           |               |       |              |       |  |  |  |  |
|   | Name of professor  | Signature:              |           |               |       |              |       |  |  |  |  |
|   |                    | Oignaluit.              |           |               |       |              |       |  |  |  |  |
|   |                    |                         |           |               |       |              |       |  |  |  |  |



- vi dono iranoportations
- •Tokyo Metro Yurakucho Line 10 minutes from Edogawabashi Station
- •Tokyo Metro Marunouchi Line 12 minutes from Myogadani Station
- •Tokyo Metro Marunouchi Line & Namboku Line 16 minutes from Korakuen Station
- •Toei Subway Mita Line & Oedo Line 16 minutes from Kasuga Station

# INTERNATIONAL COLLEGE FOR POSTGRADUATE BUDDHIST STUDIES (ICPBS)

2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan

TEL. +81-3-5981-5271 FAX. +81-3-5981-5283 E-mail: student@icabs.ac.jp URL: https://www.icabs.ac.jp

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2-8-9 Kasuga, Bunkyo-ku, Tokyo 112-0003, Japan

Phone No: +81-3-5981-5271 Fax No: +81-3-5981-5283 E-mail: student @ icabs. ac. jp

URL: https://www.icabs.ac. Jp/en/