

**APPLICATION CHECKLIST**  
MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION  
YOKOHAMA NATIONAL UNIVERSITY

Use the checklist below to ensure that all the required documentation has been completed before submitting your application.

Application deadline is **January 29th, 2027**.

- ☐ Application Form for Admission in 2027 Academic Year
  - ☐ Statement of Purpose (1,200 words or less )
  - ☐ Three Confidential Letters of Recommendation
  - ☐ Official Academic Transcripts (to be provided in a sealed envelope by the institute)
  - ☐ Official TOEFL/IELTS/Duolingo English Test (DET) Score Record or a letter from your undergraduate institution confirming that the primary language of instruction is English
  - ☐ Official GRE Score (if available)
- 

**Mailing Address Label**

Cut out and use this label as the destination address when sending your application by airmail through the postal service. Applications sent by post without this label will not be accepted.

The label is not required for courier deliveries (e.g., DHL).

**Application for the PPT Program**  
**GSISS,**  
**Yokohama National University**  
**〒240-8501**  
**横浜市保土ヶ谷区常盤台 79-3**  
**JAPAN**

# APPLICATION FORM FOR ADMISSION IN 2027 ACADEMIC YEAR

MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION

YOKOHAMA NATIONAL UNIVERSITY

## PLEASE TYPE OR PRINT CLEARLY

1. Have you previously applied to the program? ☐ No ☐ Yes

2. Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

3. Gender ☐ Female ☐ Male

4. Birth date (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Age (as of October 1, 2027) \_\_\_\_\_

Attach photograph  
taken within the  
last 6 months.

5. Nationality \_\_\_\_\_

6. Marital Status ☐ Single ☐ Married

7. Mailing Address\*

### Office

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country code Area code Phone number

E-mail \_\_\_\_\_

### Home

Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country code Area code Phone number

E-mail \_\_\_\_\_

**\*Please provide your work email address whenever possible and avoid free email accounts.**

8. Proof of English Proficiency. Please check which of the following you will provide:

☐ TOEFL ☐ IELTS ☐ DET ☐ Official University Letter

Date of test \_\_\_\_\_ Date of test \_\_\_\_\_ Date of Test \_\_\_\_\_

TOEFL, IELTS and DET (Duolingo) must be sent directly from testing centers to YNU.

TOEFL ITP is not acceptable.

For Admission in 2027 Academic Year

# APPLICATION FORM FOR ADMISSION IN 2027 ACADEMIC YEAR

## MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION

### YOKOHAMA NATIONAL UNIVERSITY

#### 9. Education

List all institutions from which you have received or will receive a degree. In addition, list all other post-secondary institutions attended. (List most recent first)

1. **Institution** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Major Field \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date Deg Rec'd/Expected \_\_\_\_\_

2. **Institution** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Major Field \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date Deg Rec'd/Expected \_\_\_\_\_

3. **Institution** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Major Field \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date Deg Rec'd/Expected \_\_\_\_\_

#### 10. Employment (List most recent first)

1. **Name of Employer** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Position/Title \_\_\_\_\_

Dates (month/year): \_\_ from \_\_\_\_\_ to \_\_\_\_\_

2. **Name of Employer** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Position/Title \_\_\_\_\_

Dates (month/year): \_\_ from \_\_\_\_\_ to \_\_\_\_\_

3. **Name of Employer** \_\_\_\_\_

Location (city/country) \_\_\_\_\_

Position/Title \_\_\_\_\_

Dates (month/year): \_\_ from \_\_\_\_\_ to \_\_\_\_\_

#### 11. Are you currently applying for any other graduate schools? ☐ No ☐ Yes

If yes, please provide the name of the schools.

\_\_\_\_\_  
\_\_\_\_\_

# APPLICATION FORM FOR ADMISSION IN 2027 ACADEMIC YEAR

MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION

YOKOHAMA NATIONAL UNIVERSITY

12. List the major scholarships and fellowships you have received both as an undergraduate and a graduate student.

**1. Award Title** \_\_\_\_\_

Institution \_\_\_\_\_ Dates or Academic Year \_\_\_\_\_

**2. Award Title** \_\_\_\_\_

Institution \_\_\_\_\_ Dates or Academic Year \_\_\_\_\_

13. List major academic recognition, honors, and memberships.

\_\_\_\_\_  
\_\_\_\_\_

14. List the names of the individuals who will be submitting letters of recommendation. Ask your recommenders to use your full name as it appears on your application.

**1. Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Institution \_\_\_\_\_ Country \_\_\_\_\_

Workplace Address \_\_\_\_\_

Email Address \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Institution \_\_\_\_\_ Country \_\_\_\_\_

Workplace Address \_\_\_\_\_

Email Address \_\_\_\_\_

**3. Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Institution \_\_\_\_\_ Country \_\_\_\_\_

Workplace Address \_\_\_\_\_

Email Address \_\_\_\_\_

15. Emergency contact person in applicant's home country.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

16. I certify that I have read all instructions and that information provided in this application is true and complete. I understand that any misrepresentation may be grounds for cancellation of my admission. I understand that all credentials and documents submitted become the property of YNU.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Admission in 2027 Academic Year

**APPLICATION FORM FOR ADMISSION IN 2027 ACADEMIC YEAR**

MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION

YOKOHAMA NATIONAL UNIVERSITY

**STATEMENT OF PURPOSE (1,200 words or less)**

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Please type or print.

**Print Name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

For Admission in 2027 Academic Year

**RECOMMENDATION FOR ADMISSION**  
MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION  
YOKOHAMA NATIONAL UNIVERSITY

Applicant's name (type or print): \_\_\_\_\_

Family

First

Middle

**Note to applicant:** Write your name on this form and give it to your recommender with an envelope that you have prepared.

**To the recommender:** Please complete and sign this form, seal it in the provided envelope, and sign across the flap of the envelope before returning it to the applicant to ensure confidentiality.

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**In addition to responding to the items below, please provide specific comments on the applicant's strengths and limitations for graduate study.** Please use the reverse side of this form for your comments or attach a separate letter. If you prefer not to use this form, be sure to include the applicant's full name as it appears above to ensure that your recommendation is filed with the correct application.

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

|                                            | Exceptional              | Outstanding              | Very Good                | Good                     |                          | No Basis                 |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                            | Upper 5%                 | Next 15%                 | Next 15%                 | Next 15%                 | Next 50%                 | for Judgment             |
| Knowledge in the field of economics        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation and perseverance toward goals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work independently              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to express ideas orally/in writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to plan and conduct research       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. This program requires the scholars to attend a weekly practicum at the National Tax Agency. Does the applicant have appropriate academic background and/or practical experience in the field of taxation?

Academic background:    ☐ Yes    ☐ No    ☐ I don't know

Work Experience:        ☐ Yes    ☐ No    ☐ I don't know

4. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

|                          |                          |                               |                          |
|--------------------------|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Highly recommended       | Recommended              | Recommended with reservations | Not Recommended          |

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

For Admission in 2027 Academic Year

**RECOMMENDATION FOR ADMISSION**  
MASTER'S PROGRAM IN PUBLIC POLICY AND TAXATION  
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|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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|--------------------------|--------------------------|-------------------------------|--------------------------|
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Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

For Admission in 2027 Academic Year