平成30年度アジア大学教員共同研究支援プログラム

外国人招へい研究員候補者調書

（FORM2）

APPLICATION FORM FOR 2018 ASIAN UNIVERSITY FACULTY

COLLABORATIVE RESEARCH ASSISTANCE PROGRAM

MEIJO ASIAN RESEARCH CENTER ( MEIJO UNIVERSITY )

**PHOTO**

\*Head-and-shoulders

\*crisp, without back-

ground and no hats

\*4 x 3cm and taken within the last 3 months

1. Name in Full 漢字名

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name | Given Name | 姓 | 名 |
|  |  |  |  |
| 2. Sex | 3. Age | 4. Nationality |
|  |  |  |
| 5. Date and Place of Birth |
| ／　　　　　　　　／ |  |
| (Day) (Month) (Year) | (Place) |
| 6. Current Employment and Status |
|  |
| 7. Address: |
| (Office) | (Home) |
|  |  |
| Telephone: |  | Telephone: |  |
| E-mail: |  | E-mail: |  |
| 8. Education |
| School | Location | Degree | Field | Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 9. Previous Employment |
| Institution | Location | Position | From－ To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. Field of Specialization

|  |
| --- |
|  |

11. Outline of Present Research

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| --- |
|  |
|  |
|  |
|  |

(Present Supervisor, if any)

|  |  |
| --- | --- |
| Name: | Position or Title: |
|  |  |
| Institution: |
|  |

12. Major Publications

|  |  |  |
| --- | --- | --- |
| Title | Publisher/ Journal | Place & Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

13. Academic Awards (Please indicate title and year)

|  |
| --- |
|  |

14. Language Ability (Evaluate using Excellent, Good and Fair)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Writing | Reading | Speaking |
| Japanese |  |  |  |
| English |  |  |  |
|  |  |  |  |
|  |  |  |  |

15. Research Plan in Japan

|  |
| --- |
|  |

(Japanese Host Researcher)

|  |  |
| --- | --- |
| Name | Position or Title |
|  |  |
| Institution |  |

16. Proposed Tenure of Meijo University Fellowship

|  |  |
| --- | --- |
| From | To |
|  |  |  |  |
| (month) | (year) | (month) | (year) |

17. Name of the international airport nearest your home institution

|  |
| --- |
|  |

18. Past Stay(s) in Japan

|  |  |
| --- | --- |
| Place | Year |
|  |  |
|  |

19. Past Meijo University Fellowship(s)

|  |  |
| --- | --- |
| Application | Award |
|  |  |
| (year) | (year) |

20. Name(s) of other fellowship(s) for which you are now applying

|  |
| --- |
|  |

21. Contact in Case of Emergency

|  |  |
| --- | --- |
| Name in Full | Relationship |
|  |  |
| Address: |
|  |
| Telephone: |
|  |

I apply for this program with the full agreement of conditions below;

□Smoking is banned on campus and at dormitory.

□It is prohibited from bringing your family over and/or coming with your family.

|  |  |
| --- | --- |
| Date:  | Signature: |
|  | （候補者の署名） |