APPLICATION FORM FOR POSTDOCTORAL RESEARCH ASSOCIATE

Graduate School of Science & TECHNOLOGY

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| ※circle either one【 NEW APPLICATION ・ REAPPLICATION 】 | Date　　　　　　　　　　　　 |
| LAST NAME | FIRST NAME | MIDDLE NAME | Male・Female | Photo4cm×3cm(Taken withinlast 3 months)※Write Your Nameon the Back Side ofThe Photo.  |
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| DATE of BIRTH |  | Age (as of April 1 of 2024) | 　　　 |
| NATIONALITY |  |
| DOCTORATE DEGREE | MONTH/DAY/YEAR | Ph. D in  |
| RESEARCH PERIOD | FROM: |  | TO: |  |
| ADDRESS |  |
| T E L |  | FAX |  | Email |  |
| AFFILIATION(NAME OF INSTITUTION,DEPARTMENT) | NAME |  |
| ADDRESS | TEL/FAX  |
| EDUCATION | (Include High School Graduation and Beyond) |
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| RESEARCH CAREER |  |
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| PRESENT SUPERVISOR | (NAME, STATUS, AFFILIATION)　※Required only in case of New Application |
| RESEARCH THEMEAT KWANSEI GAKUIN UNIV. |  |
| SUPERVISORWITH WHOM YOU WOULD LIKE TO DO RESEARCH |  |

**Note**：Please attach Ph.D. diploma and List of Research Achievements.

APPLICANT’S SIGNATURE

（RESEARCH THEME, PURPOSE OF THE RESEARCH, RESEARCH PLAN, TITLE OF THE DOCTORATE THESIS）

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| LAST NAME | FIRST NAME | MIDDLE NAME |
|  |  |  |
| SUPERVISORWITH WHOM YOU WOULD LIKE TO DO RESEARCH |  |
| RESEARCH THEMEAT KWANSEI GAKUIN UNIV. |  |
| PURPOSE OF THERESEARCH　AND RESEARCH　PLAN |  |
| TITLE OF THEDOCTORATE THESIS |  |

**＊Office Use**

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| Hiring Funds |  |