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 | | Photo  4cm×3cm  (Taken within  last 3 months)  ※Write Your Name  on the Back Side of  The Photo. |
|  | |  | | | |  | | | | |
| 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 THEME  AT KWANSEI GAKUIN UNIV. | | |  | | | | | | | | | | |
| SUPERVISOR  WITH 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 |
|  | |  |  |
| SUPERVISOR  WITH WHOM YOU WOULD LIKE TO DO RESEARCH |  | | |
| RESEARCH THEME  AT KWANSEI GAKUIN UNIV. |  | | |
| PURPOSE OF THE  RESEARCH　AND  RESEARCH　PLAN |  | | |
| TITLE OF THE  DOCTORATE THESIS |  | | |

**＊Office Use**

|  |  |
| --- | --- |
| Hiring Funds |  |