

APPLICATION FORM FOR POSTDOCTORAL RESEARCH ASSOCIATE  
GRADUATE SCHOOL OF SCIENCE & TECHNOLOGY

※circle either one

【 NEW APPLICATION · REAPPLICATION 】

Date \_\_\_\_\_

LAST NAME		FIRST NAME		MIDDLE NAME		Male · Female		<p><u>Photo</u> 4cm×3cm (Taken within last 3 months)</p> <p>※Write Your Name on the Back Side of The Photo.</p>
DATE of BIRTH				Age (as of April 1 of 2024)				
NATIONALITY								
DOCTORATE DEGREE		MONTH/DAY/YEAR		Ph. D in				
RESEARCH PERIOD		FROM:		TO:				
ADDRESS								
		TEL		FAX		Email		
AFFILIATION (NAME OF INSTITUTION, DEPARTMENT)		NAME						
		ADDRESS						
		TEL/FAX						
E D U C A T I O N		(Include High School Graduation and Beyond)						
RESEARCH CAREER								
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 \_\_\_\_\_

**KWANSEI GAKUIN UNIVERSITY**

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

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	
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