CSC Scholarship Program

Form 2 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 **＊Official use only**

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| Examinee's Number | **＊** |

Application Form - Doctoral Program

Japan Advanced Institute of Science and Technology

Graduate School of Advanced Science and Technology

Division of Advanced Science and Technology

□: Please check the appropriate box.

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| Type of Examination | | | | Examination Based on Agreement with China Scholarship Council | | | | | | | | | | | | | | | | | | | | Photograph  4 cm long × 3 cm wide  Upper half of body, facing camera, without a hat or any material covering your head and face, taken in the past 3 months.  Write your name on the back of the photograph.  Photograph  4 cm long × 3 cm wide  Upper half of body, facing camera, without a hat or any material covering your head and face, taken in the past 3 months.  Write your name on the back of the photograph. | | |
| Admission term  you are applying for | | | | October 2019 | | | | | | | | | | | | | | | | | | | | Photograph  4 cm long × 3 cm wide  Upper half of body, facing camera, without a hat or any material covering your head and face, taken in the past 3 months.  Write your name on the back of the photograph. | | |
| Full Name  in block letters | | | |  | | | | | |  | | | | | | | |  | | | | Gender | |  | | |
| □　M  □　F | |
| Family | | | | | | Given | | | | | | | | Other(s) | | | |
| Date of Birth (A.D) | | | |  | | | | | | | | / | |  | | | | | / |  | | | |  | | | |
| Year | | | | | | | |  | | Month | | | | |  | Day | | | |
| Intended Supervisor *(See Note1)* | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Eligibility Requirement | | |  | | | | Undergraduate | | | | | | | | | | | | | | Graduate | | | | | |
| Name of University | | | |  | | | | | | | | | | | | | |  | | | | | |
| Faculty / Department /  School | | | |  | | | | | | | | | | | | | |  | | | | | |
| Major | | | |  | | | | | | | | | | | | | |  | | | | | |
| Graduation (A.D) | | | |  | | | | | | | | / | |  | | | |  | | | | / |  |
| Year | | | | | | | |  | | Month | | | | Year | | | |  | Month |
| Current Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | Home Phone: | | | |
| Contact in case of emergency (permanent address etc.)  Address : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name :　　　　　　　　　　　　　 　(Relationship:　　　　　 　)　Phone : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Curriculum Vitae | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Background *(See Note 2)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Attended (A.D) | | | | | | | | | | | | | | | | Name of School | | | | | | | | | | |
| From (Year) |  | (Month) | | |  | To (Year) | | |  | | (Month) | | | | |
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　(continued overleaf)

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| Nationality |  | | | | | | | | | | | | | | | | | | |
| Name  *(See Note 3)* | Family | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Given | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Other(s) | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
| Language proficiency (Evaluate the level as excellent, good, fair, or poor.) | | English | | | Reading:  Listening:  Writing:  Speaking: | | | Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor | | | | | | | | | | |
| Japanese | | | Reading:  Listening:  Writing:  Speaking: | | | Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor  Excellent　　 Good　　 Fair　　 Poor | | | | | | | | | | |

Only for applicants who have work experience

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Professional Background (Only for applicants who have work experience) | | | | | | | |
| Period of Employment (A.D) | | | | | | | Name of Organization |
| From (Year) |  | (Month) |  | To (Year) |  | (Month) |  |
|  | / |  | - |  | / |  |  |
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Note 1: Before applying, applicants must contact their intended supervisor and obtain an informal consent to be accepted in the laboratory after enrollment.

Note 2: Applicants must fill in their educational background starting from high school until the most recent school. If applicable, please also write any experience as a research student at a university or other institution. Please fill in the department and faculty of the university.

Note 3: Please write your name in Roman alphabet exactly as it is in your passport.

INSTRUCTIONS:

1. Please write all the information legibly.

2. Numbers should be in Arabic numerals.

3. Year should be written using the Anno Domini (A.D.) system.

4. Proper nouns should be written in full and not abbreviated.

5. Email will be the main medium of communication; therefore, make sure to provide us with an email address that you frequently use. Please check your email regularly.

6. Please print this form double-sided on A4-sized paper.