1. **General Information of Applicant**

Portrait photo

**Name of Applicant *(as shown in passport)***

**Surname**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**First Name**

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| **Please fill in affiliation as of December 1, 2022** | |
| **University/Institution** |  |
| **School/Graduate School** |  |
| **Department/Division** |  |
| **Please write your area of expertise** |  |
| **Degree Course and Year** | B4 M1 M2　 M3  D1 D2 D3 Specialist Others |
| **Expected Date of Graduation** |  |
| **E-mail Address** |  |
| **E-mail Address** (where we can contact you after graduation) |  |
| **Telephone Number** |  |
| **Present Address** |  |
| **Gender** | Male Female 　 Other |
| **Date of Birth**（DD/MM/YY） |  |
| **English Proficiency**  (Please check  if you have.) | TOEIC  TOEFL ( ITP  iBT  CBT)  IELTS  Others |
| **Choose the type of enrollment** | in person  online |

**2. About your study**

|  |  |
| --- | --- |
| Thesis theme (tentative) |  |
| Brief Explanation about your thesis: | |
|  | |

**3. Reason for participation OGGs Course: Describe what you intend to achieve in this program  
 in association with your research theme (500-600 words).**

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Please fill in below if you are an applicant for STSI course or advanced program.   
This form is used for finding your supervisor at a host university.

**Research Plan during your stay in Partner University.**

**Expected Research Period**

|  |  |  |
| --- | --- | --- |
| From | (Month) (Date)　, 2023 | Days |
| To | (Month) (Date)　, 2023/2024 |

**Prospected Supervisor (Please fill in at least one you wish to be supervised)**

**1st Choice**

|  |  |
| --- | --- |
| **Name of Supervisor** |  |
| **Name of University/Institution** |  |
| **Name of Department** |  |
| **E-mail address of Supervisor** |  |

**2nd Choice**

|  |  |
| --- | --- |
| **Name of Supervisor** |  |
| **Name of University/Institution** |  |
| **Name of Department** |  |
| **E-mail address of Supervisor** |  |

**3rd Choice**

|  |  |
| --- | --- |
| **Name of Supervisor** |  |
| **Name of University/Institution** |  |
| **Name of Department** |  |
| **E-mail address of Supervisor** |  |

**Area of Interest: Describe your subject of particular interest with reference to OGGs related issues.**

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