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 June 1, 2024** |
| **University/Institution** |  |
| **School/Graduate School** |  |
| **Department/Division** |  |
| **Please write your area of expertise** |  |
| **Degree Course and Year** | [ ] M1 / DD4　　 [ ] M2 / DD5[ ] D1 [ ] D2 [ ] D3 [ ] Specialist [ ] Others  |
| **Expected Date of Graduation**（DD/MM/YYYY） |  |
| **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/YYYY） |  |
| **English Proficiency**(Please check [x]  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)　, 2024 |  Days |
| To |  (Month) (Date)　, 2024/2025 |

**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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