[Office Use Only] 受付番号:

Kyoto University Asian Studies Unit KUASU Challenge+ Application Form

1. Applicant details

Name In Roman alphabet (as shown on your passport):	Family name	Given name
Country of citizenship		
Date of birth	Year: Month: Day:	(current age:)
Affiliation	Faculty or Graduate School: Level: Master's year: () Student ID number:	□Doctoral year: ()
	Supervisor / Class instructor:	
Current address	Thone number:	
Contact details	Phone number: Email address (PC and Mobile Phone): PC: Mobile Phone: Emergency contact: Relation (ie. Father):	
Passport details	Do you have a valid passport? ☐ Yes ☐ No ☐ Now under applying (When will you receive your new passport Passport Number: Expiry Date:	,

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2.				

Note: Please write your daily schedule and details of research activities.

Duration (month/day/year)	/	/	_	/	1
Date (month/day/year)		Visiting site	es		Details of research activities

3. Emergency contact / Guarantor details

	Name		Relationship to applicant	
Guarantor / Emergency contact	Address:			
	Phone number Cellphone (w	er: orkplace contact, etc.):		
	E-mail:	@		

4. Supervisor details

*Applicants should ask the supervisor to send an email to the IAO stating that they have approved the travel.

	Name			Job title	
Supervisor	Affiliation	Graduate School of:			
	Contact	Email: Phone number:	@		
Relationship to applicant	□ Direct s	supervisor			

(FORM 1)

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OFFICE USE ONLY		E	申請受付日:	20	年	月	日
採択結果	選出・不選出	結果通知日					
応募書類の確認	□申請にあたっての抱負						
派遣前提出物確認	□大学加入の保険加入手続き (/) □旅程表						
派遣後提出物確認	□乗車券のコピー □	派遣報告書					
特記事項							