**Kyoto University Asian Studies Unit**

**KUASU Challenge+ Application Form**

1. Applicant details

|  |  |  |
| --- | --- | --- |
| Name | Family name | Given name(s) |
| フリガナ |  |
| In Japanese/Chinese characters if applicable: |  |
| In Western alphabet (as shown on your passport): | Country of Citizenship |  |
| Date of birth | Year: Month: Day: (current age: ) | Gender | ☐Male　☐Female |
| Affiliation | Faculty or Graduate School:　　　　　　　　　　Level: ☐Master’s year: ( )　☐Doctoral year: ( )Student ID number:Supervisor/class instructor: |
| Current address | 〒 |
| Contact details | PC e-mail:　　　　　　　　　　　@Telephone: ( ) - 　　　Emergency contact (cellphone): ( ) - 　　　Cellphone e-mail:　　　　　　　 　　@Skype ID: |
| \*Physical and mental health | Please fill in the Form 6 and 7. |

1. Emergency contact while guarantor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guarantor /Emergency contact | Name |  | Relationship to applicant |  |
| Address:Telephone: ( ) - 　　　Cellphone (workplace contact, etc.): ( ) - 　　　E-mail:　　　　　　　 　　@ |

1. Destination details

|  |  |
| --- | --- |
| Host institution | Name of university / research institute: Name of host division (faculty, graduate school, etc.): Address: |

1. Supervisor details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor | Name |  | Job title |  |
| Affiliation | Graduate School of: |
| Contact | E-mail:　　　　　　　　　　　@Telephone: ( ) - 　　　 |
| Relationship to applicant | 　☐Direct supervisor ☐Other: |

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OFFICE USE ONLY 　　　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 |  |