[Office Use Only] 受付番号	:	_

Kyoto University Asian Studies Unit KUASU Challenge+ Application Form

1. Applicant details

	Family name	Given name
Name In Roman alphabet (as shown on your passport):		
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	₹	
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.			
		research	

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

Duration (month/day/year)	1	1	_	1	1
Date (month/day/year)		Visiting sites	S		Details of research activities

3. Emergency contact / Guarantor details

	Name		Relationship to applicant		
	Address:				
Guarantor / Emergency contact	Phone number	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.

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

(FORM 1)

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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	2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							