博士課程教育リーディングプログラム

奨励金受給申請書

記入日: 年　　月　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学位ﾌﾟﾛｸﾞﾗﾑ名 | グローカルな健康生命科学パイオニア養成プログラムHIGO | | | | | | | | | | | | | | | | | | |
| (フリガナ)  氏名 |  | | | | | | | | | | | | | | | 男・女 | | | |
| (自署又は押印) | | | | | | | | | | | | | | |
| ローマ字 | First Family  Name Name | | | | | | | | | | | | | | | | | | |
| 生年月日  \*西暦で記入 |  | | | | | | | | | 国籍 |  | | | | | | | | |
| 学籍番号 |  |  |  | － |  |  |  |  |  | 個人番号  \*事務局記入欄 |  |  |  |  |  | |  |  |  |
| メールアドレス | @ | | | | | | | | | | | | | | | | | | |
| 現住所  連絡先 | 〒  電話番号: 携帯電話番号: | | | | | | | | | | | | | | | | | | |
| 在籍専攻  連絡先  ☑を付ける | 専攻:  □ 医学教育部 医科学専攻(修士課程)  □ 薬学教育部 創薬・生命薬科学専攻(博士前期課程)  □ 医学教育部 医学専攻(博士課程)  □ 薬学教育部 医療薬学専攻(博士課程)  研究室名:  学年:１年 内線番号: | | | | | | | | | | | | | | | | | | |
| 奨学金等  支援型助成  受給の有無  ☑を付ける  \*記入日時点 | ●日本学生支援機構奨学金(JASSO): □ 有(　　 月まで受給予定)　□ 無 | | | | | | | | | | | | | | | | | | |
| ●外国人留学生に対する奨学金: □ 有(　　 月まで受給予定)　□ 無  　（受給中の奨学金の名称：　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | |
| ●日本学術振興会特別研究員(DC)への応募・採択状況:  □ 採択(　　年　　月より採用予定)　 □ 応募予定  □ 補欠 □ 応募中  □ 不採択 □ 該当なし | | | | | | | | | | | | | | | | | | |
| ●ＴＡの雇用状況: □ 雇用中(雇用期間　　月まで) □ 該当なし | | | | | | | | | | | | | | | | | | |
| ●ＲＡの雇用状況: □ 雇用中(雇用期間　　月まで) □ 該当なし | | | | | | | | | | | | | | | | | | |
| ●アルバイトの雇用状況:　□ 雇用中(雇用期間　　月まで)　□ 該当なし | | | | | | | | | | | | | | | | | | |
| ●その他に受給している奨学金等(複数件ある場合は、別紙に記入してください)  機関名: 名称:  受給期間: 受給金額:  辞退届の提出: 提出済 ・ 未提出 | | | | | | | | | | | | | | | | | | |

H24.11初版

Program for Leading Graduate Schools

Scholarship Application Form

Date: (month)/ (day)/ (year)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program | HIGO(Health Life Science: Interdisciplinary and Glocal Oriented) Program | | | | | | | | | | | | | | | | | | |
| Name  (Furigana) | (Signature or Seal) | | | | | | | | | | | | | | | Male/Female | | | |
| First, Family Name | First Family  Name Name | | | | | | | | | | | | | | | | | | |
| Date of Birth | mm/ dd/ yyyy | | | | | | | | | Nationality |  | | | | | | | | |
| Student Number |  |  |  | － |  |  |  |  |  | Personal ID  (For office use only) |  |  |  |  |  | |  |  |  |
| E-Mail | @ | | | | | | | | | | | | | | | | | | |
| Address,  Contact information | 〒  Phone: Cell Phone: | | | | | | | | | | | | | | | | | | |
| Affiliation,  Contact Information  Make a ☑mark | Affiliation:  Graduate School of Medical Sciences;  □ Graduate School of Medical Sciences (Master Course)  □ Graduate School of Medical Sciences (Doctoral Course)  Graduate School of Pharmaceutical Sciences;  □ Pharmaceutical and Life Sciences (Master Course)  □ Pharmaceutical and Life Sciences (Doctoral Course)  □ Clinical Pharmacy(Doctoral Course)  Department:  Grade: Ext.: | | | | | | | | | | | | | | | | | | |
| Other scholarships  Make a ☑mark    \*as at the date of filling out | ●JASSO Scholarship: □ yes(receive until　 )　□ no | | | | | | | | | | | | | | | | | | |
| ●scholarship for foreign students: □ yes(receive until　 　)　□ no  　（Name of the scholarship:　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | |
| ●Applying and acceptance situation for the JSPS Research Fellow(DC):  □ adopted(scheduled to be adopted by )　□ schedule to apply  □ adopted to fill vacancies □ currently applying  □ not be adopted □ not applicable | | | | | | | | | | | | | | | | | | |
| ●employment as a TA: □currently employed(employed until )  □ not applicable | | | | | | | | | | | | | | | | | | |
| ●employment as a RA: □ currently employed(employed until )  □ not applicable | | | | | | | | | | | | | | | | | | |
| ●other part time jobs: □ currently employed(employed until )  □ not applicable | | | | | | | | | | | | | | | | | | |
| ●other scholarships(If you receive some scholarships, please use another paper)  Organization: Scholarship name:  Period: Amount of money:  Notice of decline: submitted ・ not submitted | | | | | | | | | | | | | | | | | | |

Ver.1 2012.11