**Application Form for Credits of Life Science Training (Master’s Course)**

Application date: 　　　(year/month/day)

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| --- | --- |
| Name: | Student number: |
| Year | Affiliation: |
| Phone number: | E-mail address: |
| Name of academic meeting: | |
| Date of meeting (y/m/d): | |
| City and venue of meeting: | |
| Supervisor’s confirmation: Affiliation/Title/ Name (signature) | |

Please submit this application form together with the academic meeting participation certificate to the GSMS Student Affairs Office. (Screening for approval of credits is generally conducted by the committee of the postgraduate education, which meets on the third Wednesday of each month.）

Meeting Report

(Note: Provide a one-page report on the academic meeting you attended. The description should include the date, time, place, number of participants, and theme of the academic meeting, followed by a summary of some presentations that interested you and a description of the results obtained from your participation (please delete this part described in blue when submitting the report).