**Kumamoto University Graduate School of Medical Sciences**

 **Internship Program Application Form**

Personal Information

|  |  |  |
| --- | --- | --- |
| Name (LAST, First, Other)\*Attach a photocopy of your passport as a separate file. | (LAST)  | (First, Other)  |
|  Nationality |  |
| Date of Birth (M/D/Y) | /　/　　 | Gender |  |

|  |  |
| --- | --- |
| Current affiliation |  |
| Mailing address & Tel |  |
| E-mail |  |
| Your most recent University |  |
| Academic Degree |  |
| Graduation Date  | Expected / Actual |

Desired Host Supervisor

|  |
| --- |
| Professor  |

Desired Internship Duration (M/D/Y)

|  |  |  |
| --- | --- | --- |
| /　/ | to | /　/ |

Please describe the research topics you are interested in and what you wish to accomplish during this internship (Be as detailed and specific as possible). Please add lines if necessary.

|  |  |
| --- | --- |
| Research Theme |  |
|  |

Estimated Travel Expenses (JPY or USD)

|  |
| --- |
|  |

Are you applying for other scholarships?

□Yes □No

|  |
| --- |
| 【The name of the scholarship】 |

Will you attend the Internship Program even if you are not selected as a GSMS scholarship recipient ?

□Yes □No

|  |
| --- |
| If you yes, please write your financial plan.(e.g. You will receive other scholarship. / spend your savings.) |

Personal data entered in this application will only be used for the implement of the program.

Curriculum Vitae

Name (LAST, First, Other):

Contact Information

Address:

Tel/Cell:

E-mail:

PERSONAL DETAILS

Date of Birth: (YYYY/MM/DD): 　/　/

Nationality/Citizenship:

Gender:

EDUCATION: \*tertiary level only, do not include high school level of education

Please include dates (YYYY/MM), Major, and details of degrees, location, training and certification.

EMPLOYMENT HISTORY

List in chronological order, including position details and dates (YYYY/MM)

OTHER QUALIFICATIONS

Computer skills, Experimental skills, Languages, etc.

RESEARCH PUBLICATION/CONFERENCE PRESENTATION

List in chronological order.