Paste your passport photograph taken within

Application for IJEP Short-Term Exchange Program in Graduate School of Science and Technology (GSST), Kumamoto University

the past 6 months.

Write your name and nationality in block letters on the back of the photo.

Tel: +81-96-342-3020

the past 6 months.

Write your name and nationality in block letters on the back of the photo.

(4×6 cm)

Tel: +81-96-342-3020 E-mail: ask-gsst@gpo.kuman	(4×6 cm) Digitally inserted photo is acceptable.		
1. Name (Please write it e	xactly as it appears in	your passport):	
In your native languag	ge		
·	Last	First	Middle
In roman block capita	ls		
	Last	First	Middle
2. Nationality:		□Male □Fema	le
3. Date of birth:	/_	/	
Month		ar Age	
Phone number: E-mail address: 5. Present address (Hom	e):		
Phone number:E-mail address:			
	stitution:	year	
7. Expected Graduation	Date:	/	
	Month	Year	

	8.	Acade	mic	histo	rv
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Name of Institution	Location	Period of	Number
	(city, country)	Attendance	of Years
		Month / Year	
Elementary Education / Name of elementary school			
		/ ~ /	years
Secondary Education / Name of junior high school			
		/ ~ /	years
Upper secondary / Name of high school			
		/ ~ /	years
Higher Education / Name of University (Undergraduate)			
		/ ~ /	years
Name of University (Master's Course)			
		/ ~ /	years
Name of University (Doctorate Course)			
		/ ~ /	years
	Total Years of Education		years

9. Job experience:

Name of Workplace	Location	Period	
			Month / Year
1.		/	~ /
2.		/	~ /
3.		/	~ /
4.		/	~ /
5.		/	~ /

10. Schedul	led duration of stay	at Kumamoto	University (your	stay should	be either for 6
months	or 11 months):				

	☐ October 2023 until March 2024 (6 months) ☐ October 2023 until August 2024 (11 months)
11.	. Faculty member of GSST you wish to work with:
	Department
	Did you get an agreement from the above faculty member? $\Box Yes \qquad \Box No$

12. GPA calculated according to the method described in 'Qualification and Conditions of Applicants' in Application Information.

GPA=

13. App	ointment of other scholarsh	1р :
Indi	cate whether you will receive	other scholarship while you receive JASSO scholarship.
$\Box Y$	es	
N	Name of scholarship:	
Γ	Total monthly amount:	
$\Box N$	o	
14. Do y	you wish to stay at the Interi	national House (i.e. Kumamoto University
do	rmitory)?	
$\Box Y \epsilon$	es □No	
Full	son(s) to contact in case of end of the last of the la	mergency:
		Fax Number:
E-m	nail Address:	
Rel	ationship to you:	
16. You	r signature	
	rtify that all the information p complete and accurate to the b	provided on this form and in the accompanying documents best of my knowledge.
Dat	re:	Signature:

Describe your current study and research at your university as well as your academic objectives and plans		
for study and research at Kumamoto University as detailed and concretely as possible. Statements must		
be typewritten in English. Additional sheets of paper may be attached if necessary.		
Current study and research at your university:		
Academic objectives and plans for study and research at Kumamoto University:		