

受付番号：

Application for 2016 SUMS Grant Program For Foreign Visiting Researchers

Photo

(Write your name
on the back of
the photo.)

4.5cm × 3.5cm

To: The President of Shiga University of Medical Science,

I hereby apply for SUMS Grant Program for Foreign Visiting Researchers.

/ /

Applicant's signature Date: Month Day Year

Applicant's Name	Surname Given names		
	(Same as shown in your passport)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality
Date of Birth	/ Month Day Year	Age	
Current Address			TEL
			Cell
			E-mail
Final Educational Record	Name of Institution		
	Major Faculty / Department		
	Month and Year of Graduation	/ Month Year	<input type="checkbox"/> Check (if to be expected)
Current Affiliation	Name of Institution		
	Department	Title	
	Address		
			TEL: FAX: Email:

1. Educational Background

	Name and Location of School	Month and Year of Entrance and Completion	Diploma or Degree Awarded (*If you took a leave of absence, write the period and the reason in this column)
Secondary Education (Upper)	Name Location	(MM) / (YYYY) From / To /	
Higher Education (Undergraduate Level)	Name Location	From / To /	
(Graduate Level)	Name Location	From / To /	
Total Years of Schooling from Elementary Education (Including expected completion in 2016)		Years	
Do you have a medical license?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Issue date:) (country:)	

※ If you have experiences of studying outside of your home country, fill in the following columns.

Period	Name of School / Institution	Finance
From To / / (MM / YYYY) (MM / YYYY)	(Country:)	<input type="checkbox"/> Private <input type="checkbox"/> Sponsored (by)
From To / / (MM / YYYY) (MM / YYYY)	(Country:)	<input type="checkbox"/> Private <input type="checkbox"/> Sponsored (by)

2. Employment Record

Name and Address of Organization	Period of Employment	Position	Type of Work
	(MM) / (YYYY) / / ~ /		
	/ / ~ /		
	/ / ~ /		

3. Proposed Study Program and Future Plans

Desired Department to Enroll in	
Research Subject	
<input type="radio"/> Please describe your study program.	
<input type="radio"/> Do you intend to be a PhD student at SUMS after completion of this program? <div style="text-align: right; margin-right: 50px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
<input type="radio"/> Please describe your future plans after completion of this grant program.	

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4. Letter of Recommendation (from the president of the recommending institution)

Name of Recommender	
Title	
<p><input type="radio"/> Recommendation</p>	