**UTEC Young Researchers’ Challenge Support Program Application Form**

Submitted: Day/Month/Year

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name | English(Passport) | | |  | | | | | |
| Japanese(Katakana) | | |  | | | | | |
| 2．Basic Info. | Date of Birth | | |  | Sex | |  | Nationality |  |
| 3．Contact | Email address | | | | Phone number | | | | |
| Address　〒 | | | | | | | | |
| 4．Affiliation | Department | | | RCAST　／　I I S (# of Dept. ) | | | | | |
| Name of  Supervisor | | |  | Major（student） | | |  | |
| Grade/Status | | |  | Student ID  (student) | | |  | |
| 5．Desired  Destination  (if possible) | Traveling Period | | | Leaving date　　　　　　　Returning date  Day/month/year～　　Day/month/year | | | | | Total  　　　days |
| Destination | | | Country・Region | | City | | | |
| Visiting Organization | | |  | | | | | |
| 6．As an academic advisor (responsible for laboratory), I allow the candidate to participate in the program. （下に自筆署名をお願いします。署名の画像貼付不可 電子ファイルには署名不要） | | | | | | | | | |
| Academic Supervisor | | Name | | | | | | | |
| 7．Upon joining the program, I will take out “Futaikaigaku” or travel insurance.（Hand written signature is needed below） | | | | | | | | | |
| Candidate  her/himself | Name | | | | | | | | |
| 8．Other study-abroad program | Program applying | |  | | | | | | |
| Program adopted | |  | | | | | | |

9．Research Title　（Show your research field and your intent with simple words）

10．Purpose（The meaning, expected results, reasons applying this program. Describe preparation status, the process of negotiation with visiting laboratories with easy words understood by people who are not in your research field. Statement should fit into this page）

11. Study and visiting schedule　（Both 11. and 12. should fit into this page）

12. About the number of overseas travels (from the home country) in the past, and overseas travel history (business trip destination, purpose, period, etc) over the last two years