**川崎学園・グリーンテンプルトンカレッジ（JMEF）フェローシップ 申請書**

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| フ リ ガ ナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 男 女 | | | | | | | | | 国　　籍 | | | | | | | |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| パスポート番号 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ローマ字 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| パスポート有効期限 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 生年月日 | 西暦 | | |  | | | | | | 年 | | | | | |  | | | | | | 月 | | | | |  | | | | 日 | | | | | 年齢 | | | | | | | | | | | | | |  | | | | | | | | | 歳 (2023.12.1現在) | | | | | | | | | | |
| 学位等 | 博　　　士 | | | | | | | | | | | | | | | | | | | | | | | | | | | 学　　　士 | | | | | | | | | | | | | | | | | | | | | | | その他 | | | | | | | | | | | | | | | | | | |
|  | | | | 年 | | |  | | | | | 月 | | | | 取得  見込 | | | | | | | | | | |  | | | | | 年 | | | |  | | | 月 | | | 取得 | | | | | | | |  | | | | | | 年 | | | |  | | | 月 | | | 取得 | | |
|  | | | | | | | | | | | | | | | | | | | | 大学 | | | | | | |  | | | | | | | | | | | | | | | | | | 大学 | | | | | 学位： | | | | | | | | | | | | | | | | | | |
| 専攻 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師免許 | 取得年月 | | | | | | | | | |  | | | | | | | | 年 | | | | |  | | | | 月 | | | | 免許番号 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属機関 及び職名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属機関 住所 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | |  | | | | | | | | | | | | | | | |
| 自宅住所 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| メールアドレス | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | |  | | | | | | | | | | | | | | | |
| 緊急連絡先 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 氏名 | | | | | |  | | | | | | | | | | | | | | | |
| 電話 | | | | | |  | | | | | | | | | | | | | | | |
| 英語力 | IELTS Academic Module | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOEFL ibt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 試験日 | | | | | |  | | | | | | | 年 | | | | | |  | | | | | 月 | | | | |  | | | | 日 | | | | 試験日 | | | | | | | | |  | | | | | 年 | | | |  | | | | | | 月 | | |  | | | 日 | |
| L |  | | | R | | |  | | | | | | W | | |  | | | | | S | | |  | | | Overall | | | | | |  | | | | R | | |  | | | L | | | |  | | | | S | |  | | | | | W | | |  | | | Total | | |  |
| 主な学歴  及び職歴 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 研究課題名  日本文：  英文： | | | | | | | | | | | | | | | | | | | |
| 希望する研究の目的と意義  (希望する研究分野について、目的と意義の概要を日本文500字程度で記入すること。） | | | | | | | | | | | | | | | | | | | |
| 希望する留学期間 |  | 年 | |  | か月（ |  | 年 |  | | 月 |  | 日～ |  | | 年 |  | 月 |  | 日） |
| 研究計画(研究計画の概要を、簡潔に記入すること。） | | | | | | | | | | | | | | | | | | | |
| 指導教員　（希望する研究について指導できる旧知の教員がオックスフォード大学にいる場合には、記入すること。） | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | 所属・役職 | | | | | | 専門 | | | | | 申請者との関係 | | | | | |
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申請書　p.3

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| 研究業績 | （学位論文題目を含め最近発表された主な論文、著書等について、論文題目･発表誌･発表年月日･巻･号を 記載すること。共著の場合にはその著者全員の氏名を記載し、主著者に下線を付すこと。） | | |
| （学会において発表した又はする予定の発表については、その共同研究者全員の氏名･題名･学会名･発表 場所･発表年月を記入すること。） | | |
| その他  参考となる事項 | （海外に研究留学をした者は、留学先、留学期間、研究課題、報告書掲載誌を記入すること。） | | |
| 推薦者 | 氏名 | 所属・役職 | 申請者との関係 |
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