(Form2)

KYOTO UNIVERSITY

**HeKKSaGOn EXCHANGE PROGRAM FOR STUDENTS AND YOUNG RESEARCHERS**

**APPLICATION FORM 2015-2016**

**Please fill out the details below and check ☑ the appropriate boxes.**

|  |  |
| --- | --- |
| **APPLICANT’S PERSONAL DATA** | |
| Name in Full |  |
| Home University |  |
| Home Faculty/Department |  |
| Position at Home University |  |
| Mailing Address (Office/Home) |  |
| Phone |  |
| Email |  |
| General Area and Speciality |  |
| English Language Proficiency | □ Excellent □ good □ poor |
| German Language Proficiency | □ Excellent □ good □ poor |
| Japanese Language Proficiency | □ Excellent □ good □ poor |
| Gender |  |
| Date of Birth |  |
| Citizenship/Nationality |  |
| **For Doctoral Students** | |
| Course of Study/Subject(s) |  |
| Current Year of Study |  |
| Name of Supervisor |  |
| Approval Granted by Supervisor | □ Yes |
| **Contact Person at Host University** | |
| Name of University |  |
| Name of Supervisor at Host University |  |
| Faculty/Department |  |
| Position |  |
| Phone |  |
| Email |  |
| **Details of Visit** | |
| Period | from dd/mm/yyyy  to dd/mm/yyyy  number of days: |

|  |
| --- |
| **Personal Career (short resume and current research topics)** |
|  |
| **Research Topic and Research Plan during Visit** |
|  |

**Please send this form to your proposed host professor/supervisor in Japan.**