## Application Form - USRN Student Research Attachment 2019-Kyoto University

Applicant's Name:			Ger	nder:	M/F
Name of Applicant's univers	ity:				
Affiliated department/division	on:				
Degree Program:		Year/Grade:			
Applicant's Nationality:		Date of Birth:			
Applicant's immediate super		(YYYY/MM/DD)  Title:			
Applicant's Email address:			Phone:		
Intended Graduate School/In	nstitute at Kyoto U	: Please select C	ONE graduate school	ol/instit	ute at Kyoto
Univ. to which you wish to b	oe affiliated.				
☐ Graduate School o ☐ Graduate School o ☐ Disaster Preventio  Language skills (self-evalua	f Advanced Integrated n Research Institute		·	e)	
	Excellent	Good	Fair	F	Poor
Japanese					
English					
Others ( )					
English proficiency test scor  IELTS: Band score	res (if any)	, Others:			

I hereby apply for USRN Student Research Attachment 2019 of Kyoto University from 1 to 29 March inclusive, 2019. By signing this application, I agree to abide by the rules and regulations imposed during the program and I acknowledge my responsibility to purchase student insurance as a part of the participation requirement if my application is accepted.

Applicant's signature		
Applicant's Name in print		
Date of Application		
	(YYYY/MM/DD)	