# RIHN VISITING RESEARCH FELLOW APPLICATION FORM

# A

# Please attach your CV.

| <ol> <li>Full name:<br/>(in your language)</li> <li>Full name:</li> </ol>   | (surname)         | (first)     | (middle)                   | Attach a photo taken<br>within the last 6<br>months<br>4.0 x 3.0 (cm) |  |  |
|---|-------------------|-------------|----------------------------|---|--|--|
| (in English)  | (surname)         | (first)     | (middle)                   |   |  |  |
| 3. Date of birth:   | 4.                | Age/Gender: | /                          |   |  |  |
| year/ month   | / day             | (As of A    | pril 1st, 2015)            |   |  |  |
| 5. Nationality:   | 6. Your language: |             | 7. Other languages spoken: |   |  |  |
| <b>8. Mailing address:</b> *Please write clearly and accurately as this is the address to which we will send the selection results. |                   |             |                            |   |  |  |
| Must be valid as of Dec. 2014   |                   |             |                            |   |  |  |
|   | E-mail:           |             |                            |   |  |  |
|   | Tel:              |             | Fax:                       |   |  |  |
| 9. Present Address: ← Check here if the same as the above mailing address.  |                   |             |                            |   |  |  |
|   | E-mail:           |             |                            |   |  |  |
|   | Tel:              |             | Fax:                       |   |  |  |
| 10. Name of organization/affiliation<br>and present title/position:   |                   |             |                            |   |  |  |
| 11. Address of organization:  |                   |             |                            |   |  |  |
|   | E-mail:           |             |                            |   |  |  |
|   | Tel:              |             | Fax:                       |   |  |  |
|   |                   |             |                            |   |  |  |

# 13. Summary of your current research interests

**Topic Title:** 

Keywords: 1 2 4 5 3

**Description:** Please describe in about 200 words.

#### 14. Plan for the research to be undertaken at RIHN.

**Topic title:** 

#### Description in detail (Research questions of proposed research, research plan, expected results and their possible impact):

Please describe in up to 1000 words.

\*After selection as a Visiting Research Fellow by the committee, it is not possible to change your proposed research and research plan.

\*If you do not have Japanese or English language skills, please state clearly in your RIHN research plan how you would communicate during your time at RIHN.

Fiscal Year 2015 (April 1, 2015-March 31, 2016) Public recruitment (Form A)

## 15. Proposed host researcher and reason for this choice (this item must be completed)

Name of host researcher:

His/her project/Center:

Reason:

16. Please describe your relationship with the proposed host researcher and the nature of any prior contact with him/her.

## 17. Proposed Length of Stay at RIHN

\*The research period should be within the fiscal year (FY) 2015 (1st April, 2015-31st March, 2016).

| Fı   | om                           | to               | Month(s) |  |  |  |
|--|------------------------------|------------------|----------|--|--|--|
|  | (year/month/day)             | (year/month/day) |          |  |  |  |
|  |                              |                  |          |  |  |  |
| 18. How did you learn about the RIHN Visiting Research Fellow program? (Check one or more) |                              |                  |          |  |  |  |
|  | RIHN publications or website |                  |          |  |  |  |
|  | Your own institution         |                  |          |  |  |  |
|  | RIHN members                 |                  |          |  |  |  |
|  | Website (                    |                  |          |  |  |  |
|  | Other (                      |                  |          |  |  |  |
|  |                              |                  |          |  |  |  |

)

)

I certify that the above information is true and correct to the best of my knowledge.

/

Date

/ 2014

(day/month/year)

Signature