

APPLICATION FORM

Ajinomoto Scholarship for ASEAN +ONE International Students 「味の素スカラシップ」申請書

- •Please type in Japanese or in English block letters. (明瞭に記入すること)
- •Numbers should be Arabic numerals.(数字は算用数字を用いること)
- •Years should be written using the Anno Domini system. (年号はすべて西暦を用いること)
- Proper nouns should be written in full and not abbreviated. (固有名詞は正式名称で省略しないこと)

				T			
	氏名 Name	姓 Family name	名 First and middle	写真			
	(In Roman block r	name		Photograph			
	capitals)						
	生年月日 Dat	te of 性別 Sex	婚姻状況 Marital status				
	birth	Male Female	Single Married				
	年 月	日男女	未婚 既婚				
As of Apr,	Year Month [Day					
2022	年齢 Age	国籍 Nationality	出生地 Place	of Birth			
I	現況 Present st	atus with the name of your u	niversity or employer)				
	現連絡先 Present contact address						
	Address						
	Tel:	_	_	_			
	Fax :						
	E−mail :		_				
	緊急連絡先 Contact person in case of emergency						
	Name	Relate	tion:				
	Address —			_			
	Tel						
	Fax —						
	GPA(Grade Point Average) Bachelor's Master's						
	005						
		ŭ点 General Point	科目点 Subject Point				
	(If possible)		(Subject name)				
	`						

Write your GRE point if you have taken. If not, please leave it a blank.

		Name and Location	Period attended	Years and n	nonth Major Subje	ct, Diploma o
		of School	to schools	attended	Degree Awar	rded
	小学校	Name	From	,	Years	
	Elementary					
Make sure to fill the correct	School	Location (City)	То	Mo	onths	
date, especially for columns	中学校	Name	From	,	Years	
"Years and month attended"	Middle					
and "Total years of education".	School	Location (City)	То	Me	onths	
	高校	Name	From	`	Years	
	High School					
		Location (City)	То	М	onths	
	大学	Name	From	`	Years	
	University/C					
	ollege	Location (City)	То	M	onths	
Place a check mark for L	4 年制大学 4-Year University/College					
applying education period						
of your graduated	5 年制大学 5-Year University/College					
universities	大学院	Name	Fr	om	Years	
	Graduate Scho	ol				
		Location (City)	То		Months	
	修業年限合計 Total years of education		1	Years		
					Months	

学歴 Educational background

職歴 Employment record 年代順にお書きください(Please fill in your record in chronological order)

組織の名前 Name and address of	勤務期間	役職 Position held	職種Type
organization	Period of employment		of work
	From		
	То		
	From		
	То		
	From		
	То		

学位 Academic degree

	機関 Institution		年 Year		月 Month			
VERY	取得学位 Conferred Degre	ee: a) E	Bachelor's Degree	b) Master's Degr	ee c) Doctorial Degree			
IMPORTANT			学士	修士	博士			
Please carefully	指定された大学における希望する大学院研究科							
specify the lab by	(※希望する大学の大学院研究科、専攻(コース)、指導教員名を記入。)							
referring to university	Name of graduate school, major and host professor of designated Universities which							
website	you wish to enroll.							
	University Name	Graduate school		Major (Course)	Host Professor			
l	いてのいぜね・	ムナロノー	マノナシナリン (21 . 21	· · · · · · · · · · · · · · · · · · ·			
				Select one with	× in the ().			
In general, you are				2年間)を 希 望する。 ·				
register as Internatio				r) + Master course stud	dent (2 years)			
research student.	()修士課程	(2年)を希望	する。Master cou	urse student (2 years)				
	日本語習熟度 Japanese Language proficiency(If possible)							
	日本語学習暦							
	学習期間	学習時間		· ·	日本語学習機関又は大学履			
	Period of	Total st	tudy Hours	1	修科目名			
	Study(MM/YY)			Name of Institution	n or Course in the university			
	From:	То:	Ho	ours				
	日本語能力検定試験の結果 Result of your JLPT (Japanese Language							
	Proficiency Test)							
	受験日	1	受験地		試験結果			
	受験日 Date of the test		受験地 Place of the tes	st	試験結果 Your test result			
	Date of the test			st	Your test result			
	/			st	Your test result Level passed:			
	Date of the test			st	Your test result			
	Date of the test			st	Your test result Level passed:			
	Date of the test			st	Your test result Level passed:			
	Date of the test			st	Your test result Level passed:			
	Date of the test			st	Your test result Level passed:			
	Date of the test	ese learning	Place of the tes		Your test result Level passed:			
	Date of the test Month Year		Place of the tes	· taken	Your test result Level passed:			
	Date of the test			st	Your test result Level passed:			
	Month Year If you have any Japane		Place of the tes	· taken	Your test result Level passed:			

語学習熟度(母国語を除く) Language Proficiency (Except your native language)

語学習熟度を自己評価してください(Evaluate your language level using the following

scale: 4 - Excellent, 3 - Good, 2 - Fair and 1 - Poor.)

				,	<u>·</u>
	Japanese	English	Others (Specify in blank)	Others (Specify in blank)	
			()	()	
Reading				Pl	ease fill your language
Writing				lar	nguages. NOT WRITE YOUR
Oral Communication					ATIVE LANGUAGE.
			、その名前、機関、金額 the details (name of		

I understand and accept all the matters stated in the Application for "Ajinomoto Scholarship for ASEAN International Students" and hereby apply for this scholarship.

(私は「味の素スカラシップ」募集要項に記載されている事項をすべて了承し、申請します。)

申請年月日 Date of application	
申請者署名 Applicant's Signature	
申請者氏名 Applicant's name (In Roman block capitals)	

Field of Study and Study Program

専攻分野及び研究計画

氏名 Full name (Type or in block letters)

	 Family name	 First name	 Middle name	_
	•	earch activities in the pas		
1. Research ac	ctivities in the past	VERY IMPORTANT		
①Details shou	details. Charts will be w uld cover Titles, Backgro approach, How unique	ound for the research,		•
	日本での研究計画 Descr	ibe study program in Jap	oan with details	
1. Describe stu	udy program in Japa	n with details <u>VE</u>	RY IMPORTANT	
Please describ	e with details same as of	above.		
	Why you choose to study	atement: Describe about yo r in Japan, Your future goal 留学を決めた理由、将来像の	s) freely and briefly.	