**2022 Academic Year**

**Application Form for Hokkaido University Ambitious Doctoral Fellowship (SDGs)**

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| Date： |

**I have read the application guidelines carefully, and after confirming that I am eligible to apply, I am applying for the Hokkaido University Ambitious Doctoral Fellowship (SDGs).**

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| **Title of**  **doctoral research** |  |

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| **Information of applicant, etc.** | | | | |
| Name |  | | | |
| Contact details of applicant | E-mail address |  | | |
| Telephone |  | | |
| Student ID number |  | | | |
| Date of Birth | (as of April 1, 2022) | | | |
| Education | Includes name of school or institution, location, date of graduation and the degree you received.  1.  2.  Special Notes.  I was enrolled in a medical field with a clinical training assignment. | | | |
| Current your status  (as of April 1, 2022) | 1. Name of graduate school in a doctoral program which you are belonging (or plan to enter)：  2. Name of division or course：  3. Date of enrollment (planned):  4. [Only for students currently enrolled in a doctoral program]  Have you ever taken a leave of absence while enrolled in a doctoral program?  　No  　Yes (Period of leave of absence: months) | | | |
| Supervisor | Name |  | Position |  |
| Name of graduate school |  | | |
| Confirmation of application eligibility | Please check the following boxes to confirm your current status (as of April 1, 2022). If any boxes are checked, the application cannot be submitted.  　Have been employed in a job that earns salaries, wages, remuneration, or other regular income from the time of graduation from bachelor's program until now.  　Those who, at the time of application, are employed in a job that earns salaries, wages, remuneration, or other regular income.  　Homemaker | | | |
| Receipt of other scholarships, etc. | Please check the appropriate box and fill in the required information regarding your receipt of other scholarships and others (as of April 1, 2022). If any boxes are checked, you may be required to withdraw from the current fellowship / scholarship or this fellowship (including those that have been decided to receive and are under review).  　Research Fellowship for Young Scientists from JSPS (including a tentative candidate)  　Those who receive a monthly benefit-type scholarship of about 150,000 yen or more  　Those who have been decided to receive a benefit-type scholarship of about 150,000 yen or more  　Those who are applying for a benefit-type scholarship of about 150,000 yen or more  (1) Name of scholarship:  Monthly amount: yen Period:  (2) Name of scholarship:  Monthly amount: yen Period:  [Please check the following three items only for international students.]  　International student receiving scholarships or other support from their home country  　Receiving a scholarship to International Students from MEXT (Japanese Government)  　Receiving a scholarship from Japan Student Services Organization (JASSO) | | | |

I　hereby certify that the above information is correct.

Applicant Signature:

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| **Notes on preparing the application form**   1. Please check the appropriate box □ on the application form. 2. Please submit both electronic and paper copies of the application form.   Electronic data for electronic media should be in PDF format, and paper copies should be A4 size (portrait), printed on both sides.   1. For detailed information on confirmation of application eligibility, please refer to the application guideline. 2. The information provided in the application form and the documents submitted will be used for the purpose of verifying eligibility and selection of applicants. The information may also be used to prepare statistical data for future consideration of the fellowship, but it will be processed in such a way that individuals cannot be identified. |