

同志社大学大学院 博士課程教育リーディングプログラム 「グローバル・リソース・マネジメント」奨励生申請書
Advanced Doctoral Program in Global Resource Management, Doshisha University
Application Form for GRM Grant Students


To the President of Doshisha University,

I hereby promise to make my best efforts to complete Advanced Doctoral Program in Global Resource Management, Doshisha University. I would therefore like to apply for GRM Grant as the below.

If approved as a GRM student, when the payment is made to the following bank account, I will acknowledge the receipt of the grant at the point of the payment.

Applying Grant Period (Circle the choice)	20__	APRIL	~	20__	SEPTEMBER
		OCTOBER			MARCH

Application TYPE (CIRCLE either)	NEW	Continuing
-------------------------------------	-----	------------

Student ID				
Affiliation	Graduate School of		Major	
Name (KATAKANA)				 Signature
Name (BLOCK LETTERS)				
Academic supervisor				

※ **DO NOT FORGET TO WRITE THE SIGNATURE ABOVE.**

※ **Students continuing to the Doctoral Course and have NOT yet received their NEW student ID: MUST write their previous student ID of their Master's course.**

Address	Zip Code			
Phone number	HOME		MOBILE	
E-mail address				

Qualification of GRM Grant <u>Circle PE or QE.</u> <u>Students who have already</u> <u>passed either exam, MUST enter</u> <u>the passed date of the exam.</u>	Preliminary Examination (PE)	PASSED		YEAR		MONTH
		Currently Applying				
	Qualifying Examination (QE)	PASSED		YEAR		MONTH
		Currently Applying				
DO NOT FORGET TO FILL IN THE REVERSE SIDE						

【Office Use Only】 ※以下記入不要 -----

所属研究科 受付印	研究科長	事務長	係長	係員	(出願時申請) 選抜試験 合格	P E Q E	
						月 日	
GRM 受付印	高等研究 教育機構長	GRM プログラム 責任者	高等研究 教育課長	高等研究 教育係長	高等研究 教育係	研究科 在籍確認	給付開始時 学籍 (有・無)
						研究科長会	月 日
						給付 (含継続) 開始	月額 万円 年 月 ~

✧ Applicants MUST list their employment record and/or scholarship received, if any.

◆ Occupational experience (if any)

Employer	Location	Period of Employment				
			Year	~		Year
			Month			Month
			Year			Year
			Month			Month
			Year			Year
			Month			Month
			Year			Year
			Month			Month
			Year			Year

◆ Scholarship(s) History (if any)

Issuing institution	Period of scholarship					Monthly amount	Declination Procedure (CIRCLE either)	
		Year	~		Year		COMPLETED	NOT COMPLETED
		Month			Month		COMPLETED	NOT COMPLETED
		Year			Year			
		Month			Month		COMPLETED	NOT COMPLETED
		Year			Year			
		Month			Month		COMPLETED	NOT COMPLETED
		Year			Year			
		Month			Month		COMPLETED	NOT COMPLETED
		Year			Year			

◆ Bank Account

※NOTE!! Application TYPE: NEW GRM Grant Students ONLY

Bank code	Bank name (Do not forget to CIRCLE either)	Deposit type (CIRCLE either)	Account no. (Please right-align the number) ↓	Name of account holder (BLOCK LETTERS)
	Bank Shinkin Bank	Ordinary / Checking		
Branch code	Branch name (Do not forget to CIRCLE either)	Name of account holder (KATAKANA) (NOTE: Put a space BETWEEN the surname and first name)		
	Branch Sub-branch			