SUBMIT TO THE UKM GRADUATE CENTRE BY September 10, 2018

Application Form for 2018 Winter School

Application Date (MM/DD/YYYY):

Full Name	*Please writ		ite your name same as shown on your official identity		ntity	Department Year						
Data of Dist	l	cument	(i.e. passport).				Ital					
Date of Birth (MM/DD/YYYY)				Student ID No.				Sex	Male	Female		
	Phone											
Contact	e-r	e-mail(PC)										
	e-mail(Mobile)											
Please indicate your passport expiry date.												
Current field study at UK	М	of										
Professors at	Choice 1.						Choice 2.					
Please indicate your interest in the Joint Degree Program (PhD, Master) between UKM and Gifu												
University?												
1. Very much interested.												
2. Somewhat interested.												
3. Not interested at this point.												
Please check the box if you are still interested in joining this winter school program even												
if you had to bear your own traveling expense. (See Plan B in this Application Guideline)												

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Statement of purpose	for participation	in 2018 Winter School	(Limit your response to the space below)
statement of purpose	for participation	111 2 010 () 111001 Solitool	(Linite Jour response to the space serow)

Your history of Overseas travel (destinations & periods)

Space for Self-Promotion