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| **University of Tsukuba, Faculty of Medicine****Biotechnology Center of Ho Chi Minh City****Application Form for Workshop on Infection Diagnosis** August 26 - 28, 2019 |
| **Name of** **Applicant** | Full name as it appears on your passport or ID card: | Photo(3cm × 4cm) |
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| **Nationality** |  |
| **Date of Birth** |  | **Gender:**(M /F) |  |
| (Year / Month / Day) |
| **Current** **Address** | Address: |  |
| Country: |  | E-mail: |  |
| Phone: |  | Facebook (if any): |  |
| **Emergency Contact** | Name: |  | Relationship: |  |
| Phone: |  | E-mail: |  |
| **Application** **Status** | *Apply as:*  Student: Non-student: (Reagents and supplies fee in the amount of 1,000,000 VND will be collected from participants. This fee is waived for Vietnamese students with full-time undergraduate or graduate student status. You must submit a copy of your current transcript from your institution along with your application to be eligible for fee waiver.) |
| **Education** **Information**  |  **Undergraduate / College** |  |  |
|  Name of University / Institution |  |
|  Field of Study (major) |  |
| Indicate which month/year you expect to graduate. If graduated, indicate graduation month/year. |  |
|  **Graduate School (if attended)** |  |  |
|  Name of University / Institution |  |
|  Field of Study (Department) |  |
| Indicate which month/year you expect to graduate. If graduated, indicate graduation month/year. |  |
| **Employment (if any)** |  Title and Periods (mm/yy) ~ (mm/yy) |  |
|  Name of Institution or Industry: |  |
|  Title and Periods (mm/yy) ~ (mm/yy) |  |
|  Name of Institution or Industry: |  |
| **English** **Proficiency** | TOEFL/iBT or IELTS  | Score | Test Dates (month / day / year) |
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| **Topic or field of research currently involved (200 words max):** |
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| **Why did you choose to apply for this program? (300 words max):** |
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| Have you attended any course offered by University of Tsukuba, such as Molecular Biology Course at ITB, Summer Research Program in Tsukuba, Sakura Program in Tsukuba, Infection Diagnosis Workshop, Bioinformatics Course,… ? (Yes or No). If Yes, Please state the program and year attended below. |
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| **DECLARATION (Please read and sign below)** 　　　　 |  |  |  |  |  |
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| By signing I agree to the following: I accept full responsibility for all information about me submitted to the internship by me or on my behalf. I certify that the information is true and complete. Please email back this Application Form in Microsoft Word format and not any other format to <ut.vietnam@un.tsukuba.ac.jp>.  |
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| Signature (or type “agree” and your name on the above line)  |  |  | Date:  |  (year/month/day) |