|  |
| --- |
| **University of Tsukuba****Application Form for Experimental Course in Biotechnology in Medicine****Bioinformatics Workshop; Feb 15-17. 2017** |
|  |
| **Name of** **Applicant** | Full name as it appears on your passport or ID card: | Photo(3cm × 4cm) |
|  |
| **Nationality** |  |
| **Date of Birth** |  | **Gender:**(M /F) |  |
| (Year / Month / Day) |
| **Current** **Address** | Address: |  |
| Country: |  | E-mail: |  |
| Phone: |  | Skype ID: |  |
| **Emergency Contact** | Name: |  | Relationship: |  |
| Phone: |  | E-mail: |  |
| **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. |  |
| **This workshop is intended for Graduate students or 4th year Undergraduate students who are planning to obtain advanced degree biomedical science and related field.** |
| **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) |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Topic or field of research currently involved (200 words max):** |
|  |
| **Why did you choose to apply for this program? (300 words max):** |
|  |
| Have you attended any courses offered by University of Tsukuba, such as Molecular Biology Course at ITB, Summer School in Tsukuba, Advanced Topics in Biotechnology and Medicine courses, etc… ? (Yes or No). If Yes, Please state the program and year attended below. |
|  |
|  |
| **DECLARATION (Please read and sign below)** 　　　　 |  |  |  |  |  |
|  |
| 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 Application Form in Microsoft Word format and not any other format. |
|  |
| Signature (or type “agree” and your name on the above line)  |  |  | Date:  |  (month/day/year) |