Application Form 1

One Health Ally Course Application 2024

Hokkaido University WISE Pogram

One Health Frontier Graduate School of Excellence

申請書　Application

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| --- |
| 申請者 [applicant] |
| 氏名 [Full name] |  |
| 生年月日 [Date of birth] |  |
| 国籍 [Nationality] |  |
| 大学名 [University] |  |
| 学籍番号 [Student No.] |  |
| 所属学部、専攻、研究室 [Graduate School, Department, Laboratory] |  |
| E-mail |  | 電話 [TEL] |  |
| 自宅住所 [home address] |  |
|  |  |
| 現所属の指導教員 [supervisor of each University, Graduate School] |  |
| 氏名 [Full name] |  |
| 職 [position] |  |
| 所属大学、学部、専攻、研究室 [University, Graduate School, Department, Laboratory] |  |
| E-mail |  | 電話 [TEL] |  |
|  |  |
|  | 　　　　年　　月　　日 (Year [YYYY], Month [MM], Date [DD]) |

Application Form 2

One Health Ally Course Application 2024

Hokkaido University WISE Program

One Health Frontier Graduate School of Excellence

研究計画の概要

Outline of Research Plan

氏名

 [Full name]

大学院で実施予定の研究の概要について600字程度で記載してください。

Describe the outline of the research plan to be conducted at the graduate school in about 300 words.

（複数ページにわたる場合はページを追加して下さい/add extra page if needed）

Application Form 3

One Health Ally Course Application 2024

Hokkaido University WISE Program

One Health Frontier Graduate School of Excellence

One Health Ally Courseへの応募動機

Motivation to apply for One Health Ally Course

氏名

[Full name]

One Health Ally Courseへの応募動機について600字程度で記載してください。

Describe your motivation for applying for One Health Ally Course in about 300 words.

（複数ページにわたる場合はページを追加して下さい/add extra page if needed）

Application Form 4

One Health Ally Course Application 2024

Hokkaido University WISE Program

One Health Frontier Graduate School of Excellence

現所属の指導教員からの評価書

(Evaluation report from supervisor of each University, Graduate School)

日本語で記入して下さい [Fill in with Japanese]

|  |  |  |  |
| --- | --- | --- | --- |
| 申請者氏名 |  | 所属 |  |
| 指導教員氏名・職 |  |
| 研究題目 |  |
| 総合評価 |  |
|  | 　　年　　月　　日 |