## Student Research Fellowship Support Plan

Master's/Doctoral program			
Name			
Student ID Number		Date of birth	Date: dd/mm/yyyy Age:
Current address and contact information	Postal code Phone E-mail		@
Fellowship period	From (dd/mm/yyyy) to (dd/mm/yyyy) [xx months]		
Affiliation/Name of academic advisor	(Affiliation/Job title) (Name)		
Receipt of other expense support, etc.	* Check the box for any of the following that you plan to receive during the fellowship period:  □ (1) Support from public funds or learning incentives from the Japanese government (Ministry of Education, Culture, Sports, Science and Technology [MEXT]) as an international student  □ (2) Japan Society for the Promotion of Science (JSPS) Research Fellowships for Young Scientists (DC)  □ (3) Scholarships from your home country or proprietary scholarships from your home university (Name of scholarship:  □ (4) Other such income  ( )  □ I do not plan to receive such income.  * Also check the box for any of the following that apply for working adults.  □ (1) I am employed. (I am currently engaged in work from which I receive a salary, wages, remuneration, or other ordinary income.)  □ (2) I have resigned from work from which I received a salary, wages, remuneration, or other ordinary income.  □ (3) I am a homemaker.		
Research topic			
Research results for the previous academic year	<ul> <li>* Please state any research results that fall under the following or that are otherwise notable. Also attach documents for proof as necessary.</li> <li>(1) Papers published in academic journals (including bulletin papers, collected papers, etc.), books, etc.</li> <li>(2) Commentary or editorials in academic journals, etc. or commercial magazines</li> <li>(3) Presentations at international conferences, or presentations at national academic conferences, symposiums, etc.</li> <li>(4) Other achievements (patents, awards, etc.)</li> </ul>		

Research plan (about 750 words)		
*Research overview, expected results, achievements, long-term internships in the private sector, career path		
development, etc.		
I hereby certify that this application contains no falsehoods.		
During the grant period, I will dedicate myself to my course and research as a student eligible for a fellowship.		
dd/mm/yyyy		
Applicant (signature)		
Confirmation by academic advisor (signature)		
(Afflication/Joh titla)		
Name of academic advisor		