年　　　月　　　日

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 YY / MM / DD

**訪 問 学 者　願 書**

**Application Form for Visiting Scholar**

早稲田大学高等研究所訪問学者に応募したく、所定の書類を添えて提出いたします。

I hereby apply for appointment as a Visiting Scholar of the Waseda Institute for Advanced Study. Please find the required documentation attached.

I. 応募者　Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 氏名　Name |  | | 性別  Gender |  |
| 生年月日　Date of Birth | 19　　　年　　　月　　　日  　　YY / MM / DD | | 年齢  Age |  |
| 現職（所属機関・部局・職）Position, Affiliated Institution, and Department |  | | | |
| 連絡先  Preferred Contact Point | 住　　所  Address |  | | |
| Tel. |  | | |
| E-mail |  | | |
| 受入れ希望期間  Preferred Period of  Appointment  **\*The period of appointment is 31 days or more up to a maximum of 60 days. In principle, the Visiting Scholar is appointed from November 1, 2017 to March 31, 2019.** | 第1希望  1st Preference | (Start Date) – (End Date)  YY / MM / DD – YY /MM /DD  ex. 2017/11/15－2017/12/31 | | |
| 第2希望  2nd Preference | (Start Date) – (End Date)  YY / MM / DD – YY /MM /DD  ex. 2018/5/1－2018/5/31 | | |
| 専門分野  Field(s) of Research |  | | | |
| 滞在中の研究テーマ  Research Topic during your appointment |  | | | |
| 本学での滞在経験  （期間・目的）  Past Experience of Staying Waseda University /  Period, Purpose |  | | | |

Ⅱ. 学内推薦者　Recommender within Waseda

|  |  |
| --- | --- |
| 氏名Name |  |
| 所属Affiliation |  |
| 連絡先  Contact information | Tel:  E-mail: |