PERSONAL INFORMATION FORM

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| --- | --- |
| Name of University | (English) |
| Department, School, University, etc | [Name]  [Address] |
| Applicant | [Name in English]  (surname)  (first name)  (middle name)  [Name in Chinese if you are Chinese]  \*Please do not forget to write above name in English as well.  (surname)  (first name)  (middle name)  [Title] Professor / Associate Professor / Other ( )  [Main Research Interests]  [Sex] Male / Female  [Date of Birth] Year ( ) Month ( ) Date ( )  [Age]  [Residential Address]  [Mobile Phone Number]  [Passport Number]  [Date of Passport Expiration]  [E-mail Address]  [Home/Office address where we you can receive important documents from us by post such as invitation letter and visa application documents]  [Meal Preference] None / Vegan / Vegetarian / Halal / Other ( ) |

Please return this form to:

Ms. Nishikido of IPS Administration Office by

E-mail: koho-ips@list.waseda.jp

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Deadline: 17th September 2019