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

 Fax: +81-93-692-5021

 Deadline: 17th September 2019