Qualified Enrollment

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| Category | AY2025 (2nd Recruitment) |
| Year | Year |
| Doctoral Course | Scheduled entrants in April 2025  Scheduled entrants in October 2025 |
| Doctoral Course in Medicine | Scheduled entrants in April 2025  Scheduled to become a second-year student in April 2025 Scheduled entrants in October 2025 |

**※Please write the same information as the one input to Application Information Registration form.**

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| Application field | Please check the field of application field  Accelerating Social Innovation Studies　 Chem-Bio Integrated Studies　  Informatics, Bio and Life Science Integrated Studies　 Lifestyle Revolution based on Transdisciplinary Studies Creating the Future of Asia and Pan Pacific　 Glocal Problem Solving Studies  Multi-disciplinary Fundamental Studies | | |
| Application Number  \*10 digits  (1 alphabetic character + 9 numeric digits) |  | | |
| Qualified enrollment category | Please check the appropriate qualified enrollment category.   |  |  | | --- | --- | |  | AY2025 2nd Recruitment | | Doctoral Course | Scheduled entrants in April 2025  Scheduled entrants in October 2025  Others( ) | | Doctoral Course in Medicine | Scheduled entrants in April 2025 Scheduled to become a second-year student in April 2025  Scheduled entrants in October 2025  Others( ) \*Please read the application guidelines carefully to check the qualified enrollment category, the eligible application year, and the support period. | | | |
| Name |  | Date of Birth (yyyy/mm/dd) |  |
| Current affiliation and academic year  (For applicants from other universities, also include the name of the university) | University:　　　 Graduate School:　　　　　　 Major:　　　　Year: | | |
| Prospective Affiliation in the doctoral course (Check the box if you are expected to be affiliated with one of the Joint Degree Programs) | Graduate School:　　　　　　 Major: | JDP (Joint Degree Program) (Check the box if you are expected to be affiliated with one of the Joint Degree Programs) | |
| Student Number  (Only those enrolled at Nagoya University at the time of application) | Please fill in your Student Number at the time of application. | | |
| Contact Information | Mobile phone number |  | |
| Email address |  | |
| WISE Program  Students enrolled in doctoral wise/leading programs, or other programs  (Only applicable individuals) | If you are or were a student enrolled in the WISE Program, Leading Graduate School Programs, or other programs, check the appropriate box.  〇WISE Program GTR DII CIBoG TMI  〇Leading Program Real-world  〇Other: (Enter the program name) | | |
| Scholarships received during the period of support | If you will receive any of the following scholarships, etc. during the period of support:  Not decided Decided (If it has been decided, you cannot apply in principle.)  - An individual in the Japan Society for the Promotion of Science’s Research Fellowship for Young Scientists  - The Monbukagakusho Scholarship  -　A scholarship from home country (including CSC) | | |
| Scholarships which stipend amount is 2,4 million yen/year or more | Other than the scholarship specified above, will you receive any other scholarships with a scholarship amount of 2.4 million yen/year or more during the period of support? Not decided Decided (If it has been decided, your status as a RESEARDENT will be suspended during the scholarship’s support period. If the scholarship’s support period is longer than the expected support period of this program, you will not be able to apply for this program in principle.)  【Complete the following information if you selected "Decided" above in this section】 Name of the Scholarship:  Duration of the Scholarship: | | |
| The income limit excess during the period of support | Income limit:  Not applicable Applicable (If “Applicable,” you may not apply.)  \*A student who is deemed to be receiving stable income from their university or company, such as a salary or executive remuneration, at a level sufficient to cover living expenses (2.4 million yen/year) may not apply. | | |

Please read the application guidelines carefully, consult with your supervisor, and make clear in the below application the research plan you plan to implement during the support period and the type of researcher you intend to be. Please note that faculty with different specialties from the applicant’s will be involved in the review process. Please use easy-to-understand contents and expressions that can be understood by non-specialist faculty.

Please also note that, in the first fiscal year, PS RESEARDENTs will be chosen from among the successful applicants based on the contents of Form 2-E. Please refer to Appendix 3 of the application guidelines regarding the review process for PS RESEARDENTs.

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| 【 Research Project Name】 |
| [Research Plan] (You may use diagrams and figures to make your plan clearer. Please limit this item to one (1) page. Forms cannot be changed or added. Use 10.5 point or larger font size (Same applies below.)  (1) Positioning of research  With regard to the position of the research to be conducted during the support period in the Doctoral Course (Doctoral Course in Medicine), please indicate the context and issues in your research field, as well as the background to the conception of this research plan. |

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| [Research Plan] (Describe the followings clearly. Diagrams and figures may be included. Please limit this item to two (2) pages. Forms cannot be changed or added (Same is true for the forms below))  (2) Research objectives and details  [1] Describe the research objectives, research methods, and details of the research to be conducted.  [2] Please specify the plan, what you intend to clarify in your research, and how much or to what degree you intend to clarify.  [3] Please describe the unique and creative points of your research (compared with previous research, the expected impact at the time of completion of your research, future prospects, and so on).  [4] Please clarify the part that the person making the proposal will be responsible for in relation to the research activities of the laboratory to which they are affiliated.  [5] If you plan to engage in research at a different research institution (including research institutions in foreign countries) during the period of your research plan, please specify. |

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| [Self-analysis of research performance] \*There is no limit to the number of characters in each item. However, all should be included on one (1) page.  Please specify your own strength(s) in your research field, including the research plan described in this application, based on your experience in past research activities. The Program aims to develop doctoral human resources who will resolve various issues facing the world and Japan, and lead a future knowledge-based society. Please describe any abilities and so on gained through past experiences in activities regarding this purpose. |

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| [Your image of a researcher] \*There is no limit to the number of characters in each item. However, all should be included on one (1) page.  The Program aims to develop doctoral human resources who will resolve various issues facing the world and Japan, and lead a future knowledge-based society. In light of this purpose, please describe (1) “Your ideal image of a researcher” and “Your post-doctoral career path” as well as (2) “Factors you consider necessary to realize your career path” and “Planned activities and experiences.” In particular, this program encourages you to conduct international collaborative research and interdisciplinary research and to have contact with many people from different fields in Japan and overseas. Please describe your motivation for these efforts and specific activities. |

**Name:**

Please select and tick one of the following items. (All applicants must tick one item.)

　**I will not apply to be a PS RESEARDENT in AY2025.**

　**I will apply to be a PS RESEARDENT in AY2025.**

The following should only be filled out by students who replied that they will apply to be a PS RESEARDENT. Even if you have entered a description below, we will not review your application if you have not ticked one of the above boxes. **The following description will not affect the decision on acceptance or rejection as a RESEARDENT.**

[Questions related to PS RESEARDENT certification] \*You may include diagrams and describe the followings in a way that is easy to understand. Please use no more than one (1) page for the description. Please refer to Appendix 3 of the application guidelines when filling in your description.

Under this Program, a high value is placed on RESEARDENTs who promote free, challenging, and interdisciplinary research that is independent of existing frameworks. With this in mind, please describe as detailed as possible concerning the specific results of activities or your willingness to engage in future activities as part of joint research with international organizations, research institutions, companies, nonprofit organizations or public institutions including overseas, or in interdisciplinary research areas. If you have experience starting a business based on innovative research or are considering starting a business, please also indicate.