**Application for admission: Ducal Degree Doctoral Programme**

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| **Desired enrolment:**   * October 2024 * April 2025 * October 2025   **Desired period of research at Gunma (MM/YYYY):**  From:  To:  INSTRUCTIONS:   * Please type in the application. No handwriting. * Attach all the necessary documents indicated in this form. | Please paste a photo facing straight at the camera. |

1. **Name in Roman letters**

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| --- | --- | --- |
|  |  |  |
| Family name | First name | Middle name |

1. **Date of Births (DD/MM/YYYY)**

|  |  |  |
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|  |  |  |
| Date | Month | Year |

1. **Current contact address**

|  |  |
| --- | --- |
| Address: |  |
| E-mail: |  |
| Phone: |  |

1. **Your supervisor(s) at Deakin University**

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| --- | --- |
| Name: |  |
| Affiliation: |  |
| E-mail: |  |

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| Name: |  |
| Affiliation: |  |
| E-mail: |  |

1. **Potential supervisor at Gunma University**

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| --- | --- |
|  | Professor’s name |
| 1st choice |  |
| 2nd choice |  |

1. **Your research interests**

Please write down the title of your planned research and indicate keywords and attach a research proposal.

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| The title: |  |
| Key words: |  |

1. **Educational background and currently enrolled programme at Deakin University**

* Please attach official academic transcripts for all education.
* Attached a list of publications (if any)
* Bachelor

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| Name of the university: |  |
| Major field: |  |
| Period of enrollment (MM/YYYY): | From:  To: |
| Bachelor’s thesis title: |  |

* Master

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| Name of the university: |  |
| Major field: |  |
| Period of enrollment (MM/YYYY): | From:  To: |
| Master’s thesis title: |  |

* Doctoral

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| Name of the university: |  |
| Major field: |  |
| Period of enrollment (MM/YYYY): | From:  To: |

1. **Employment record (if any)**

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| Name of organization: |  |
| Country of organization: |  |
| Period of employment (MM/YYYY): | From:  To: |
| Position: |  |

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| Name of organization: |  |
| Country of organization: |  |
| Period of employment (MM/YYYY): | From:  To: |
| Position: |  |

1. **Contact person at Deakin University**

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| Relationship with you: |  |
| E-mail: |  |
| Tel: |  |

**Contact:**

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