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| **April 2019 Ph.D. Researcher Training Program Application Form**Special Selection for International StudentsGraduate School of Business Administration, Hitotsubashi University | No. | ※University use |
| **Concentration** | □Business Management　□Innovation　□Marketing　□Culture and Industry Studies□Accounting Program　□Finance 　□Basic Science |
| **Academic adviser** |  (Please choose one your preferred academic adviser from the list [p.7].)  |
| **Research subject** |  |
| **Name** | Furigana |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Native language |  |
|
| Roman alphabet | Family name,　　　　　　　　 　　First name　　　　　　　　 　　(Middle name) |
| **Gender** | □Male　　□Female | **Citizenship** |  (Name of Country)  | Paste your photograph of the head and shoulders with clear face taken within the past 3 months. Write your name and preferred program (PhD Program) in block letters on the back of the photo. (4cm×5cm photo)  |
| **Date of birth** | Month / Day / Year | **Age** |  |
| **Latest academic background** | Graduate field of study / Graduate degree earned |
| 　　　　　　　　　　　　　　　　　　　□ConferredMonth / Day / Year　 □Expected |
| **Current contact** | Mailing address:Home telephone:　　　　　　　　　　　　　　Cellular phone:E-mail(PC): |
| **Emergency contact** | Mailing address:Home telephone:　　　　　　　　　　　　　　Cellular phone:E-mail: |
| **Educational background** (from Elementary School)  | Name of Institution (location)  | RegularYears | Period | Major subject /Degree earned (University)  |
| Elementary Education / Elementary School |  | From (MM/YYYY) To (MM/YYYY) ～ |  |
| Secondary Education / Lower School |  | ～ |  |
| Secondary Education / Upper School |  | ～ |  |
| Higher Education / Undergraduate Level |  | ～ |  |
| Higher Education / Graduate Level |  | ～ |  |
| **Research /****Work experience** | Name of Research Institute / Company (location)  | Number of Years  | Period | Research theme / Final job title |
|  |  | From (MM/YYYY) 　 To (MM/YYYY) ～ |  |
|  |  | ～ |  |
|  |  | ～ |  |
|  |  | ～ |  |
| 1. Use block letters and Arabic numerals.
2. Proper nouns should be written in full and not abbreviated.
3. Write location in columns of educational background and research/work experience only if it is outside Japan.
4. If the blank spaces above are not sufficient for the information required, please attach a separate sheet.
 | **Notes**　　　　　　　　　　　　Status of residence □ Student　□ Other (Specifically　 　　　 ) Scholarship □ Government-financed □ Privately financed |

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| **April 2019 Ph.D. Researcher Training Program** Special Selection for International StudentsPhotograph Card for Entrance Examination |
| NO. | ※University use |
| Furigana |  | □ Male□ Female |
| Name　　　 |  |
| Date of birth | Month / Day / Year |
| Paste your photograph of the head and shoulders with clear face taken within the past 3 months.Write your name and preferred program (PhD Program) in block letters on the back of the photo. (4cm×5cm photo)  | Interview | ※University use |
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Please cut the photograph card along the dotted line and submit it.

Research Proposal

April 2019 Ph.D. Researcher Training Program, Special Selection for International Students

Graduate School of Business Administration, Hitotsubashi University

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| Name of the applicant | 　 | No. |
| ※University use |
| Name of your preferred academic adviser (required)  |  (the same as the adviser in your application form) 　 |
| Concentration | □Business Management | □Innovation | □Marketing |  |
| □Culture and Industry Studies | □Accounting | □Finance | □Basic Science |
| Research Subject |  (the same as what is written in your application form)  |

Please describe your research proposal with this form for a cover (Approximately 3,000 characters in Japanese or 1,500 words in English) and make a total of 3 copies (one original and two duplicates) .

Also, please staple them together in two places (marked with the dotted line) on the left side.

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| 受　験　番　号 |
| ※記入しないこと University use |

　Skype面接申込書

*Application Form for Skype Interview*

　　年　　月　　日

*Date*

*Year / Month / Date*

私は、「博士後期課程編入学試験 (外国人特別選考)」の第1次選考 (書類選考) に

合格した場合は、Skypeによる面接の受験を希望します。

*I hereby apply for a Skype interview in the event of passing the first round of the entrance examination for the Graduate School of Business Administration Ph.D. Program, Hitotsubashi University (Special Selection for International Students).*

Skype面接受験理由 (勤務先の国名・大学名等を記載すること)

*Describe the reason(s) why you wish to have a Skype interview (please include information about your place of study or work, including its name and location)*

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　　一橋大学大学院経営管理研究科長　殿

*To: Dean of the Graduate School of Business Administration, Hitotsubashi University*

|  |  |
| --- | --- |
| 署名*Signature* |  |

|  |  |
| --- | --- |
| 電話番号*Phone Number* |  |
| メールアドレス*Email Address* |  |

|  |
| --- |
| 受　験　番　号 |
| ※記入しないことUniversity use |

　　正規雇用及び復職証明書
　　CERTIFICATE OF EMPLOYMENT/REINSTATEMENT

年　　月　　日

*Date*

*Year / Month / Date*

一橋大学大学院経営管理研究科長殿

*To: Dean of the Graduate School of Business Administration, Hitotsubashi University*

　下記のものは、現在当組織に在職しており、日本での留学から帰国した後には当組織に復職する予定であることを証明します。

*I hereby certify that the person named below is an employee of our organization, and that person will be reinstated in our office after coming back to our country from Japan.*

|  |  |
| --- | --- |
| 国籍*Nationality* |  |
| 氏名*Name* |  |
| 生年月日*Date of Birth* |  |
| 役職*Position* |  |
| 職種*Title* |  |

［証明者］

*Certified by:*

|  |  |
| --- | --- |
| 所属組織長名*Name of the Head* |  |
| 肩書*Title* |  |
| 所属組織名*Name of Organization* |  |
| 署名*Signature* |  |

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| 2019年度一橋大学大学院経営管理研究科指導教員等の所見(博士後期課程 (外国人特別選考) )Letter of Reference to be submitted to Graduate School of Business Administration, Hitotsubashi University | 受　験　番　号 |
| ※記入しないこと University use |
| これまでの研究の成果、将来の研究計画及び特記すべき能力など選考にあたって参考となる事項を具体的に御記入ください (日本語又は英語で御記入ください)。 *Please comment on the suitability of the applicant for admission, giving an evaluation of the applicant’s research program, intellectual ability and qualities. (Please use either Japanese or English)***志願者氏名 *Name of the applicant (Please print) :***   Family name, First name (Middle name)  |
| 年月日 *Date*: |  |
| 署　名*Authorized Signature*: |  | 印 (*if any*)  |
| 氏　名 *Name (Please print)* : |  |
| 職　名 *Position or Title*: |  |
| 組織名 *Institution*: |  |
| 所在地 *Address*: |  |

※厳封の上、志願者にお渡しください。Please return this form as soon as possible directly to the applicant in a tightly sealed envelope.

