

Application form for Research Assistant System (Kenkyu Shienin Seido)

Date _____,

Applicant Affiliation _____

Name _____

I hereby request your good self to assist in this matter.

Research Assistant's Supporting Activities	
Contract Term	(Month) (Date) , (Year) to (Month) (Date) , (Year)
Reasons ^{*1}	

*1 Please set a specific performance goal

Your Family Situation	<p>(1) Number of Children and their ages/Number of Care-receivers and their ages and Care Grades including the situation, relationship to the applicant.</p> <p>(2) Your spouse's employment status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> inoccupation <input type="checkbox"/> Other ()</p> <p>(3) Aspects that should be considered, if you are ineligible</p>
-----------------------	---

Department Head Comments ^{*2}	
--	--

*2 Please describe how much the applicant is contributing to the department or to the Sophia School Corporation

My signature below indicates that I have read and understand the above statement.

Signature _____ 印

Director of Promotion of Diversity	Office of Human Resource Development	Dean, Director or the President