**Application for KEK Associate Researcher**

Application date mm/dd/yyyy

To Director of Institute/Laboratory/ QUP\*\*

 　Applicant’s name

Hereby I apply for a KEK Associate Researcher.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Given name/Family name | Nationality |  |
| Date of birth  | mm/dd/yyyy | Gender | [ ] Male [ ] Female |
| Email address |  |
| Present address  | Postal code |  | Telephone  |  |
|  |
| Affiliation |  |
| *In case that your affiliation changes after application* New affiliation： Change date to the above affiliation：  |
| Position |  |
| Education  | Graduation： (University/College/Institute)Year：(year of completion) |
| Degree Obtained  | Title：Conferring institution：(University/College/Institute)Year：(year of award of the degree) |
| Research theme |  |
| Research plan at KEK  |  |
| Term of association | From mm/dd/yyyy　 till mm/dd/yyyy　  |
| Host researcher at KEK |  |
| Research location at KEK  |  |
| Past application as a KEK Associate Researcher  | YES　[ ]  NO [ ]  |
| Remarks |  |

\*\* International Center for Quantum-field Measurement Systems for Studies of the

Universe and Particles

**Important Note**

-Submission of a letter of recommendation by a KEK host researcher is also required, in case that a candidate applies by him/herself.

-Non-Japanese nationals are required to submit a passport copy

-Personal data entered in this form will only be used for administrative purpose.