

(本申請書への記入は英語ですること)



2023年度後期 OGGs プログラム申請書
AY2023 Fall OGGs Program Application

Photo 3x4 Color,
Clear, Taken
within
6 months

1. 申請者情報 General Information of Applicant
Name of Applicant (as shown in passport) (パスポートの記載とおつ

に記入)

Surname (姓)

Given Name (名)

希望するプログラム ☐ Basic Program ☐ Advanced Program

Please fill in affiliation as of October 1, 2023 (2023年10月1日現在の情報を記入)

| | |
|--|--|
| School/Graduate School (学部・院) | |
| Department/Division (学科・専攻) | |
| Supervisor (指導教員) | |
| Degree Course and Year (学年) | <input type="checkbox"/> B4 <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> Specialist <input type="checkbox"/> Others |
| Expected Date of Graduation (卒業・修了予定日) | |
| E-mail Address | |
| E-mail Address (where we can contact you after graduation) (卒業後も連絡可能なもの) | |
| Telephone Number (電話番号) | |
| Present Address (現住所) | |
| Gender (性別) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Date of Birth (DD/MM/YY) | |
| English Proficiency (英語能力) Please check <input type="checkbox"/> and fill in your score ___ if you have. | <input type="checkbox"/> 英検 (The EIKEN Test in Practical English Proficiency) <input type="checkbox"/> TOEIC <input type="checkbox"/> TOEFL (<input type="checkbox"/> ITP <input type="checkbox"/> iBT <input type="checkbox"/> CBT) <input type="checkbox"/> IELTS <input type="checkbox"/> Others |

2. 2023年度履修科目 Please check your desired course to take this academic year.

今年度希望する履修科目を選択してください。

——Basic Program 基礎プログラム——

International Experience Subjects 国際経験科目

* Need to take at least 1 Subject from below. 下記より最低1科目履修が必要。

| Check | Priority | Subject name | Credit | Place | Period |
|--------------------------|---------------------------|--|--------|---------------------|---------------|
| <input type="checkbox"/> | PARE Selective Compulsory | SDGs Field Study: Spring School in ASEAN (PARE) | 2 | Indonesia | 2024/2 |
| <input type="checkbox"/> | NJE3 Selective Compulsory | SDGs Field Study: History, Language and Art in Northern Region (NJE3) | 2 | Finland Bulgaria | 2024/3 |
| <input type="checkbox"/> | | SDGs Field Study: Regional Design in North (NJE3) | 2 | Finland | 2024/3 |
| <input type="checkbox"/> | STSI Compulsory | SDGs Field study: Short-term Independent Research Experience on STSI in India (STSI) | 2 | India | 2023/8~2024/3 |

——Advanced Program 発展プログラム——

Practical Subject 実践科目

* Need to take at least 1 Subject from below. 下記より最低1科目履修が必要。

| Check | Priority | Subject name | Credit | Place | Period |
|--------------------------|-----------------|---|--------|------------------------|------------|
| <input type="checkbox"/> | PARE Compulsory | SDGs Advanced Field Study: Independent Research Experience on PARE (PARE) | 2 | Thailand/ Indonesia | Year Round |
| <input type="checkbox"/> | NJE3 Compulsory | SDGs Advanced Field Study: Special Seminar on Northern Region Studies (NJE3) | 2 | Finland/ Bulgaria | Year Round |
| <input type="checkbox"/> | STSI Compulsory | SDGs Advanced Field Study: Long-term Independent Research Experience on STSI (STSI) | 2 | India | Year Round |

May we use your photos taken during the program on our website, social media or printed media (flyers, reports, etc.)?

プログラム実施中に撮影された写真に写っていた場合、ウェブ、印刷媒体(チラシ、報告書等)で利用してもよろしいですか。

☐ Yes はい / ☐ No いいえ (Comments コメント)

3. 自身の研究について **About your own study**

:

Thesis theme (tentative)

Brief Explanation about your thesis:

4. 志望動機: OGGsプログラムへの参加理由について研究テーマに関連付けて英文500語以内で記入下さい。

Reason for participation OGGs Course: Describe what you intend to achieve in this program in association with your research theme (up to 500 words).

5. 指導教員または所属部局教員からの英語能力証明・推薦書
Recommendation Letter by supervisor

- ・STSIコース参加希望者(全員) applicant of STSI course
- ・英語能力証明書が提出できない方 those who cannot submit document of English proficiency

(Below should be filled in by your supervisor of home university.)

以下は北海道大学での指導教員または所属部局教員に英文で記入をお願いしてください

(a) Please evaluate applicant's English proficiency. (申請者の英語能力を評価してください)

Please check on the letter after each ability (A is Excellent and E is worse) and describe in detail below.

(各能力の後の文字にチェックした上で(Aが優れておりEが劣る), 以下に詳細を記述してください)

■Reading(読解) (☐A ☐B ☐C ☐D ☐E)

■Writing(作文) (☐A ☐B ☐C ☐D ☐E)

■Speaking(会話) (☐A ☐B ☐C ☐D ☐E)

(b) Please explain the reason you recommend him/her to participate in this program.

(申請者をこのプログラムに推薦する理由についてご記入ください)

Here I certify the applicant's English ability and I agree that that he/she can participate in this program.

| | | | |
|-----------------|--|----------------|--|
| Date(日付) | | Signature (署名) | |
| Name(氏名) | | | |
| Affiliation(所属) | | Ext(内線番号) | |
| E-mail address | | | |

※署名は電子署名でもかまいません。