**CURRICULUM VITAE**

**Senior Researcher** **Researcher**  **Assistant Researcher**  **Research Assistant**

**※Check applicable box**

As of Day / Month / Year

|  |  |  |  |
| --- | --- | --- | --- |
| Name [Type or Print]  Family Name　　　/　　　First Name　　 　/　 Middle Name | Electronic Research and Development (e-rad) Researcher ID （Fill out if you hold one） | | Sex\* |
|  | |  |
| Date of Birth\*  Day　　/　Month　　/　　Year  （ Yrs. Old） | | E mail  @ | |
| Current Address | | Telephone Number | |
| Zip Code: Country: | | Home（ ）　　　－  Mobile（　　　）　　 　－ | |
| \*NOT required to fill out if you have been employed by Ritsumeikan Univ. or enrolled at a Ritsumeikan college or graduate school. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Latest Academic Background | Institution: Country: | Completion Date | Day/Month/Year |
| PhD Status | Date Obtained　　Day/Month/Year　　  Obtained　　  To be Obtained  Type of Degree: Doctor of ( )  Submission day　of Dissertation (Only for those to be obtained) Day/Month/Year  Title of thesis:  （　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | |

\*If you are applying Ph.D. before the starting year of the employment and obtaining during the employment year, fill out the submission date of Ph.D. dissertation.

|  |  |  |
| --- | --- | --- |
| Month | Year | Academic and Career Background after University Enrollment (Fill out respectively) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*The contents of this CV will be used only for evaluation purposes.

|  |
| --- |
| Research Activities \*attach paper(s) if necessary. |
| Journal or Publication for scholarly journal etc.  \*Categorize with refereed/non-refereed, and order should be: title, name of author(s), name of the magazine, publisher, volume, starting page – ending page, year |
|  |
| Interpretation or Review addressed at the academic conference |
|  |
| Presentation at Academic Conference |
|  |
| Presentation at Domestic conference/symposium |
|  |
| Patent, etc.（Name of Applicant, Name of Invention, Application(Official) No.） |
|  |
| Affiliated Academic Society |
|  |

|  |
| --- |
| Rewards and Punishments |
|  |

\*After expiration of the assessment period, the university will take responsibility to destroy this document.

I hereby certify the above information to be true and correct. And also, I certify that I would not misappropriate or disclose confidential information related to the research program and private information concerning faculty/staff member and students of Ritsumeikan, after the submission of this application.

　 Signature\*: