JAXA/ISAS RA (fixed-term type) Curriculum Vitae (CV)

(FORM 2)

(FY2019 2nd Recruitment in the form of work proposal)

Date of application: YYYY/MM/DD

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| 【PHOTO】Upper-body photo taken within3 months, Original aspect ratio | Name(Last/Middle/First) |  | Gender |
| M／F |
| Date of Birth | Year／Month／Date (Age 　　on of application) |
| Affiliation | School: Division: Grade: M\_\_＿／D＿＿ |
| Student Acceptance System | □ SOKENDAI, School of Physical Sciences, Department of Space and Astronautical Science□ The University of Tokyo, Graduate School of Science/Engineering, Inter-Institutional Group□ Cooperative Graduate School System Student□ Commissioned Guidance System Student |
| PresentResidence | Address: Phone: Mobile: E-mail:  |
| Contact Add. for Absence or Emergency(in Japan) | Address: Phone:  |
| JAXARA Instructor | Name: Dept./Division:  |
| Expected Employment Period | YYYY/MM/DD ～　YYYY/MM/DD |
| ExpectedWork Hour(Per Week) | \* Available through Monday-Friday, 9:30 a.m.-5:45 p.m. (exclude 12:15 p.m.-1:00 p.m.) \* Less than 7.5 hours per day, 20 hours per week (up to 19.5 hours) |
| ＿＿ Hours/Week |
| RA Work Title |  |
| Employment Record to JAXA (Within the past year) | □ Yes, I have been employed to JAXA before. My title was＿＿＿＿＿＿＿＿＿ My employment period was YYYY/MM/DD　～　YYYY/MM/DD.□ No, this will be my first time being employed to JAXA. |
|  |
| Receipt Status of Scholarships (Mark ☑ if applicable, and write the monthly amount and qualification period. Include determined scholarships as well.) |
| □ | Japan Society for the Promotion of Science, Research Fellow |
| □ | Japan Student ServicesOrganization Scholarship | Monthly amount: \＿＿＿＿\_＿＿ |
| □ | Japanese Government (MEXT) Scholarship | Monthly amount: \＿＿＿＿\_＿＿ |
| □ | Foreign Government-sponsored Scholarship | Title of the scholarship：Monthly amount: \＿＿＿＿\_＿＿Qualification period: YYYY/MM/DD　～　YYYY/MM/DD |
| □ | Others,Private Scholarship | Title of the scholarship：Monthly amount: \＿＿＿＿\_＿＿Qualification period: YYYY/MM/DD　～　YYYY/MM/DD |
| □ | TA/RA etc. at Other Universities | Title of the scholarship：Monthly amount: \＿＿＿＿\_＿＿Qualification period: YYYY/MM/DD　～　YYYY/MM/DD |
| Please answer below.　I (am / am not) subject to restrictions prohibiting employment with JAXA, such as other part-time work contract with JAXA or other organizations, during my expected employment period written above.  |