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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 【PHOTO】Upper-body photo taken within  3 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 | | | | |
| Present  Residence | | | Address:  Phone:  Mobile:  E-mail: | | | |
| Contact Add. for Absence or Emergency  (in Japan) | | | Address:  Phone: | | | |
| JAXA  RA Instructor | | | Name:  Dept./Division: | | | |
| Expected Employment Period | | | YYYY/MM/DD ～　YYYY/MM/DD | | | |
| Expected  Work 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 Services  Organization 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. | | | | | | |