Application Form for CSEAS Fellowship for 2014

1.Full Name (Same as name spelled out		Family Name		Given Names				
in as your passport):								
2. Place of Birth:	3. Date of Birth:	Day	Month	Year	4. Age:			
5. Citizenship (natio	on from which passp	ort is obtained):			I			
6. Sex (please check):MaleFemale								
7. Marital Status (pl	lease check):	SingleMarrie	d					
8. Family members who will be		Name	Relationsh	ip Date of	f Birth Sex			
accompanying you	to Kyoto:							
9. Home Address:								
Phone:								
Mobile phone:								
Fax:								
e-mail:								
10. Proposed Period	l of Stay in Japan:	months	From:/	_/ To	:/			
11. Is there a CSEA	S faculty with whom	you wish to be you	r counterpart?					
12. Educational Bac	ekground (including	undergraduate and	graduate degrees):					
Bachelor of Arts/Science								
School:								
Field:								
Year and Month Awarded:								
Master of Arts/Science								
School:								
Field:								
Year and Month A	warded							
Ph. D.								
School:								
Field:								
Year and Month A	warded							
13. Language Fluen	cy:							
Language		Writing	Reading	Speaking	Listening			

14. Institutional Affiliation							
University/Institution:							
Faculty/Department:							
Position (please check):	Professor () / Associate Professor () / Assistant Professor () / I		/				
15. Office Address	Senior Researcher () / Researcher () / Others ()					
Address:							
Country:							
Zip Code							
Phone:							
Fax:							
e-mail:							
	1 - 1						
16.Other Positions (e.g., editor of journa	al, administrative position, etc.)						
17D 11: (1: (6: 4							
17.Publications (List five most recent)							
Dooks							
Books							
1.							
2							
3.							
4.							
5.							
Leaves Assistan							
Journal Articles							
1.							
3.							
4.							
5.							
5.							
Others							
1.							
2							
3.							
4.							
5.							
J.							
18. Previous fellowships (List Fellowship within the last five years; please indicate if you have previously held a CSEAS							
visiting research fellowship)							
Fellowship	Granting Institution	From when	To when				
Tenowsiip	Granting institution	1 TOTH WHEI	10 WHEH				

19.Names of two referees
Referee 1
Name:
Institution:
Address:
Phone:
Mobile phone (if any):
Fax:
E-mail:
Referee 2
Name:
Institution:
Address:
Phone:
Mobile phone (if any):
Fax:
E-mail:

20.Proposed Research Project					
Title:					
Brief Description (one whole page for double space 2-3 paragraph description)					
On-Line Signature:					
Date:					
If you have problems filling up this on-line application, please download a hard copy at our website					
(http://www.cseas.kyoto-u.ac.jp). And mail to					
CSEAS Fellowship					
Center for Southeast Asian Studies					
46 Shimoadachi-cho, Yoshida, Sakyoku, Kyoto					
Japan 606-8501					
For more inquiries please email us at grants@cseas.kyoto-u.ac.jp					
(Please type "CSFAS Fellowship" in subject heading, otherwise your message will not reach us)					