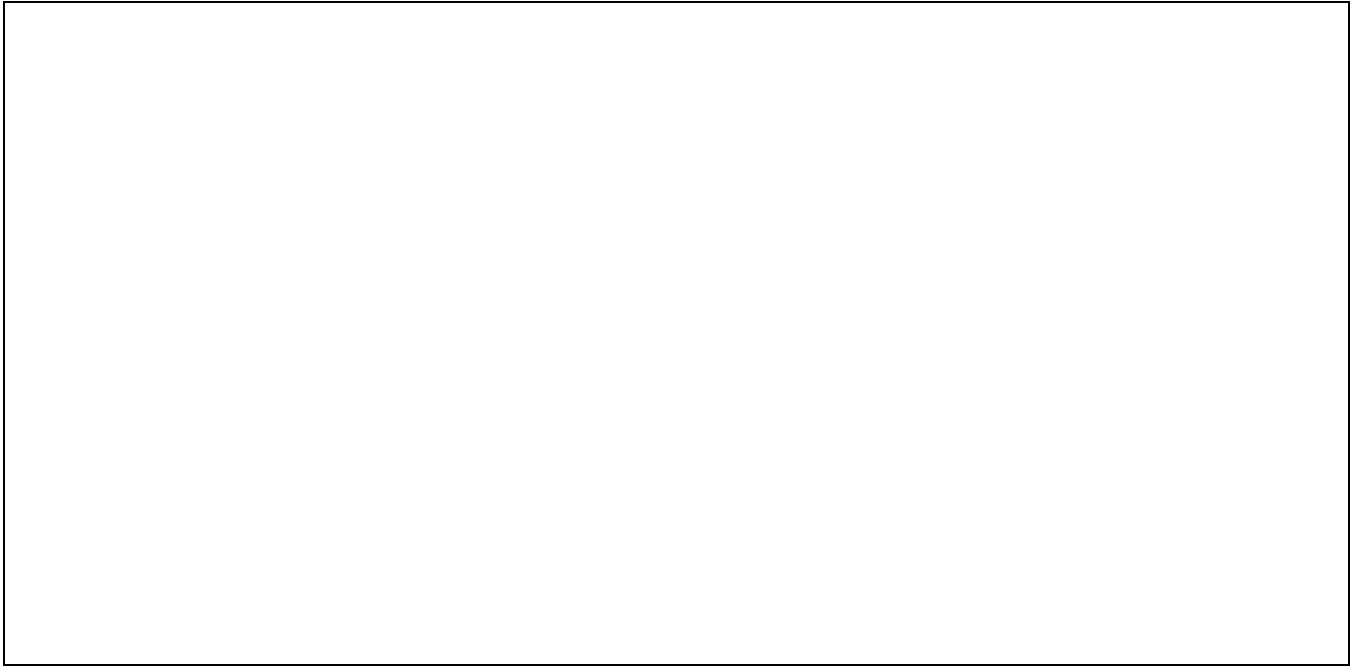


Kumamoto University AIDS Global COE Program

Research Assistant Renewal 2012

1. Name in Full		
Family	First	Middle
2. Date of Birth:		3. Nationality
Day / Month / Year		
4. Current Affiliation (your laboratory)		
5. Office Phone Number (ext.)	6. e-mail address	
7. Mentor (your professor or associate professor)	8. Grade of PhD course (D?) D	
9. Research Theme (please do not exceed 150 characters)		
10. Purpose of the Research (please do not exceed 100 words.)		
11. Research Plan for this fiscal year (please describe in 400-500 words.)		



I certify the above information to be accurate and correct.

Date: _____

NAME (Print) : _____

Signature: _____