Kumamoto University AIDS Global COE Program

Research Assistant Renewal 2011

1. Name in Full						
Family:		Einst	Middle			
Family 2. Date of Birth:		First	Middle 3. Nationality			
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Day	Month	Year				
4. Current Affiliation (your laborated)						
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5. Office Phone Number (ext.)			6. e-mail address			
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7. Mentor (your professor or as	sociate professor)		8. Grade of PhD course (D?) D			
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9. Research Theme (please do	not exceed 150 charac	cters)	<u> </u>			
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10. Purpose of the Research (pl	lease do not exceed 10	00 words)				
10.1 dipose of the research (p.	iouse do not exceed 1	50 Words.)				
11. Research Plan for this fiscal year (please describe in 400-500 words.)						

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I certify the above information to be accurate and correct.		
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Date:		
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NAME (Print):		
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