



DATE OF SUBMISSION

DD/MM/YYYY

# EBA INDEPENDENT FIELDWORK

**APPLICATION FORM**

|  |
| --- |
| applicant INFORMATION |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name:  (As appears in Passport) |  | | | | | Photo\* |
| Date of birth:  (DD/MM/YYYY) | | Age: | | | |
| Nationality: | | Gender: | | | |
| Home address: | | | | |  | |
| Zip code: | | | | |
| Affiliation (Faculty): | | Grade: | | Student ID Number: | | |
| Name of Advisor Advisor’s Seal/Signature | | | | | | |
| Advisor’s Contact  Affiliation  Email Address | | | | | | |
| Major: | | | Religion (Optional): | | | |
| Home Phone/Mobile Phone: | | | E-mail: | | | |
| **Is this your first time to join EBA courses and/or activities?** 🞎 Yes 🞎 No If you chose “No”, please write down which course/activity you joined in the past: | | | | | | |
| \* Photos must be properly focused with a full-face view | | | | | | |
|  | | | | | | |
| PersonS to be notified, in case of emergency（2 persons） | | | | | | |

|  |  |
| --- | --- |
| Name (in full): | |
| Home address: | Zip code: |
| Home Phone/Mobile Phone: | |
| Relationship with the applicant: | |

|  |  |
| --- | --- |
| Name (in full): | |
| Home address: | Zip code: |
| Home Phone/Mobile Phone: | |
| Relationship with the applicant: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Fieldwork Proposal (800 Words): Title, Purposes, Content, Plan and Expected Results  *Please tick the boxes that are appropriate to your research interest before writing the proposal*   |  |  |  | | --- | --- | --- | | Area of research  □ Energy and Environment  □ Health and Environment  □ Disaster and Security  □ Others: \_\_\_ | Fieldwork Location  □ Vietnam   □ Thailand  □ Indonesia  □ Malaysia  □ Philippines  □ Myanmar | Period of Fieldwork From\_\_\_ To \_\_\_ | |

|  |
| --- |
| **HOW TO SUBMIT**  After filling out this form, please submit the application by e-mail to:  [eba-submit@ml.keio.jp](mailto:eba-submit@ml.keio.jp) with subject ”EBA Independent Fieldwork Application: YOUR FULL NAME”  \*Please note that we will not disclose your personal information to a third party without your consent. |

Receipt (Please do not fill in this column)：