

E 9/14

通 知

連絡單位：研究發展處
聯絡人：陳希宜組長、
蔡淑綺小姐
聯絡電話：271-7161

- 一、本校姊妹校日本酪農學園大學招聘 2012 年「外籍研究人員」，即日起開始受理申請(計畫書及申請書件如附件)。
- 二、研究期間為 2012 年 4 月 1 日至 2013 年 3 月 31 日。
- 三、招收名額為 2 名。
- 四、貴單位所屬老師同仁若有意願前往者，請備妥相關資料文件(相關申請表格請至研發處網站下載)，並於 10 月 14 日(星期五)前送件至研發處以利彙整寄送日本酪農學園大學。
- 五、申請者須具該校科系背景(請至該校網站閱覽：
<http://www.rakuno.ac.jp/>) 並須獲該校接待之指導教授同意。
- 六、出國研究期間為上課期間，有意願前往者，須經由各院同意。
- 七、推薦人選，若經該校審查通過，依本校「教師出國講學研究或進修要點」辦理。

擬：一、公告至網，並 E-mail 轉知各師長。

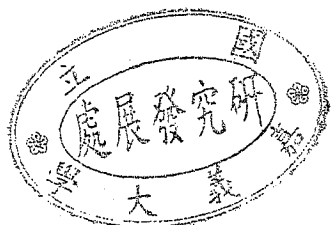
二、陣閱後文存研發處檔。

此 致
農學院

擬：影印分送本院各系

組員呂美娟
100.09.15

技佐莊豐璋



農學院院長劉景平

100.09.14

副教授兼國際學系主任暨研究所長 徐善德

9.20

簽 於 研究發展處

日期：100年9月6日

檢陳

主旨：本校回覆日本酪農學園大學2012年外國學者招聘計畫回覆函，請鑒核。

說明：

一、姊妹校日本酪農學園大學推廣中心來函提供2012招募外國學者赴該校短期研究申請訊息(附件1)。

二、本校致謝函草稿如附件2，恭請 鈞長提供卓見，或於邀請函署名。

三、本校擬公告通知本項訊息(稿如附件3)，擬於呈閱後公告。

擬辦：奉 核可後，立即辦理寄送書信及公告訊息事宜。

教授兼獸醫學系 張銘煌
主任暨研究所長
0907/1025

教授兼動物科學系 趙清賢
主任暨研究所長
0908/1155

會辦單位：動物科學系、獸醫學系

承辦單位

決行

副校長 陳希宜
0906/1090

委員 范惠珍
0907/1135

助理教授兼動物發展處組長 陳希宜
0906/1090

副教授兼主任秘書 陳清田
0907/1190

副教授兼研究發展處研發長 朱紀實
0907/0950

可公告並將本案傳閱
會參動物科學系及獸醫學系
等相關學系辦理推薦

校長 李明仁
0907/1500



Guidelines for application to Rakuno Gakuen University Guest Researcher Program 2012

1. Purpose

To promote international academic exchanges and facilitate the development of research and education, Rakuno Gakuen University invite guest researchers from foreign universities and research institutions under the academic exchange agreement.

2. Academic specialties

Applicants should select a research field available at our university.

3. Applicable universities and research institutions

(1) The People's Republic of China (CHINA):

Xinjiang Agricultural University
Inner Mongolia Agricultural University
Inner Mongolia University for Nationalities

(2) The Republic of China (TAIWAN):

National Pingtung University of Science and Technology
National Chiayi University
National Chung Hsing University

(3) The Republic of Korea (KOREA):

Hankyong National University
Korea Food Research Institute
Gyeongsang National University
Korea National College of Agriculture and Fisheries

(4) The Republic of the Philippines:

College of Veterinary Medicine, University of Eastern Philippines

(5) Republic of India:

Sam Higginbottom Institute of Agriculture, Technology & Sciences

(6) Mongolia:

Mongolian State University of Agriculture

(7) Kazakhstan

Al-Farabi Kazakh National University
Center of Biological Research of the Science Committee of the Ministry of Education and Science of the Republic of Kazakhstan

(8) Paraguay

Catholic University of Asuncion

(9) Malaysia

Universiti Malaysia Sabah

(10) The United State

College of Veterinary Medicine, College of Food, Agriculture and Environmental Sciences,
The Ohio State University
Agricultural Technical Institute, The Ohio State University
Cornel University
Montana State University
The University of Findlay

(11) Canada

University of Alberta
Olds College
University of Saskatchewan

(12) Denmark

Faculty of Life Sciences University of Copenhagen
Faculty of Agricultural Sciences, The University of Aarhus

(13) Germany

University of Veterinary Medicine Hannover

(14) Poland

Warsaw Agricultural University

4. Qualifications

- (1) Applicants must be full-time researchers at the level of professor, assistant professor or lecturer at the universities or institutions under the academic exchange agreement, as listed in Section 3. An enriched academic experience is necessary. All applicants must confirm their host supervisor (laboratory or department) in our university before applying.
- (2) Applicants should have sufficient Japanese or English proficiency to facilitate everyday communication and life in Japan.
- (3) Applicants are not permitted to hold a fellowship from another institution during the period of the program.

5. Number of researchers invited

Two persons.

6. Period of visiting research

April 1, 2012 - March 31, 2013 (1 year)

Note: In principle, neither changes in the research period nor homecoming will be permitted once the applicant begins his or her research at our university. Exceptions may be made for humanitarian cases, such as death in the applicant's family, and specific research subjects that need surveys and experiments in the home countries.

Stipend and expenses

(1) Living stipend: 100,000 yen per month.

(Fractions of a month will be paid on a per diem basis; 3,000 yen per day)

(2) Housing: Guest researchers will be provided with housing. Heat, light and water expenses and telephone charges must be paid by the individual users.

(3) Transportation expenses: Round-trip travel from the applicant's home country to Japan must be paid by the applicants.

8. Application procedures

(1) Closing date for application

October 31, 2011

(2) Documents required (If your documents are neither in Japanese nor English, you must send, in addition, a full translation of each document)

a) Guest Researcher Program Application Form (prescribed form): Research proposal, self-judgment of Japanese and English proficiency, etc.

b) Curriculum vitae (free form): Educational and professional history, list of works and publications, etc.

c) Recommendation letter from the director of the institution where the applicant is employed (free form)

d) Certification of health (prescribed form)

e) Agreement letter from the host supervisor (free form)

(3) Submission of application forms

Applicants must fill the documents a), b), c) and d) and send them by mail to Rakuno Gakuen University Extension Center. The document e) must be written and submitted by the host supervisor directly to Extension Center.

9. Selection procedure

The Committee of Extension Center selects candidates by evaluating research contents, research record and other aspects and recommends them to the University President, who gives official approval.

10. Notification of results

Results of the selection will be announced to all applicants by the end of November 2011.

11. Research report

(1) Before returning to their home country, guest researchers will be required to present the results of their research in the University.

(2) Guest researchers must submit a report of research results to the President of Rakuno Gakuen University through the head of the Extension Center.

12. Others

- (1) Guest researchers may be requested to give occasional guest lectures in classes and seminars.
- (2) If accompanied by their family, guest researchers must pay for the living and other expenses for their family. Housing may not be provided in such cases.
- (3) The visiting period and other conditions may be modified in case of unexpected accidents.

Applications and any inquiries should be sent to:

International Affairs Division (Attn: Naoki Takahashi <Mr.>)

Rakuno Gakuen University Extension Center

582, Bunkyo-dai-Midorimachi, Ebetsu,

Hokkaido 069-8501, JAPAN

Phone: +81-11-388-4132 (011-388-4132)

Fax: +81-11-387-2805 (011-387-2805)

E-mail: ta-naoki@rakuno.ac.jp

酪農学園大学外国人招聘研究者申請書
Rakuno Gakuen University Guest Researcher Program Application Form

Please fill out in Japanese or English Block Letters

氏名 Name			5 c m x 4 c m
Family Name	First Name	Middle Name	
性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		年齢 Age Years Old	
生年月日 Date of birth 19 / / Yr. Mo. Day		出生地 Place of birth	
既婚・未婚 Marital status		国籍 Nationality	
自宅住所 Home Address			
Tel.		Fax.	
Email			
所属先機関 Name of Institution			
勤務先住所 Institutional address			
Tel.		Fax.	
Email			
役職(職位) Position or Title			
専攻 Major field of study		学位 Highest degree received	
主な業績 Major works or publication (if any)			

研究題目 Title of Proposed Research

共同研究者/協力者 Have you contacted anyone at Rakuno Gakuen Univ. regarding assistance in your proposed research?

受入研究室(教室) Desired field of study within Rakuno Gakuen Univ.

研究計画 Brief Summary of Research Plan & Schedule (Use additional sheets as necessary)

日付
Date

署名
Signature

氏名

Name: _____

※ 日本語能力を自己判断してください。

How would you judge your ability with the Japanese language?

Speaking 話す力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Listening 聴く力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Reading 読む力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Writing 書く力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無

※ 英語能力を自己判断してください。

How would you judge your ability with the English language?

Speaking 話す力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Listening 聴く力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Reading 読む力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無
Writing 書く力	<input type="checkbox"/> Excellent 優	<input type="checkbox"/> Good 良	<input type="checkbox"/> Fair 普通	<input type="checkbox"/> Poor 初歩	<input type="checkbox"/> None 無

健康診断証明書

CERTIFICATE OF HEALTH

氏名 Full Name		生年月日 Date of Birth	
現住所 Present Address		電話 Telephone	
診 断 事 項 Medical Items			
身長 Height	cm	体重 Weight	kg
		胸囲 Chest Measurement	cm
ツベルクリン反応最終判定 Latest Tuberculin Reaction	陽性 Positive	疑陽性 Doubtful	陰性 Negative
	年 月 日 Date of Examination		
		視力 Eye sight	左 () 右 () Left () Right ()
		色神 Color Sence	正常 Normal () 色弱 () Incomplete Color Blindness 色盲 Color Blindness ()
エックス線像 X-Rays		身体障害 Physical Impediment	
(Na. of Photograph)		区 分 Items	異常の有無 Indicate with (○) for "Yes" And (×) for "No"
		運 動 Physical	(Yes) (No)
		視 覚 Sight	(Yes) (No)
		聴 覚 Hearing	(Yes) (No)
		言 語 Speaking	(Yes) (No)
所 見 Finding	そ の 他 Others		(Yes) (No)
	具体的内容 Remarks		
主な既往症と罹患時の年齢 Medical History		精神障害 Mental Disorder	
肺 結 核 Tuberculosis	歳 Age	小 児 マ ヒ Infantile Paralysis	歳 Age
気 管 支 喘 息 Bronchial Asthma	歳 Age	て ん か ん Epilepsy	歳 Age
心 臓 病 Cardiac Diseases	歳 Age	神 経 症 Nervous Diseases	歳 Age
胃 疾 患 Stomach Diseases	歳 Age	精 神 病 Mental Diseases	歳 Age
リウマチ Rheumatic Fever	歳 Age	そ の 他 Others	歳 Age
		血液型 (A・B・AB・O) Blood type (A・B・AB・O)	
私が診断いたしました結果、健康状態は _____ であります。 In my opinion the general state of the applicant's health is _____.			
優 Excellent 良 Good 可 Fair 不可 Poor			
上記のとおり相違ないことを証明いたします。 診 断 日 I hereby certify the above statement to be true. Date of Examination _____			
検査施設名及び氏名 Institution and Address _____			印 Seal
医師氏名署名 Full Name and Signature of doctor _____			