**Date:**  / / 2024



d m y

**Kindai Short-Term Japanese Program Application Form**

\*Please **type in** your information. **(No Handwriting!)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  |  |  | |
| first | middle | last | |
| **Nickname** |  | | | |
| **Date of Birth** | / / | **Sex** |  | |
| d m y | **Age** |  | |
| **Email Address** |  | | | |
| **Phone number** |  | | | |
| **Mailing Address** |  | | | |
| **Name of University** |  | | | |
| **Department/Faculty** |  | | | |
| **Major** |  | **Current Year Number (Grade) in 2023/2024** | |  |
| **Guarantor’s Info** | **Name** |  | | **Phone number** |
| **Relationship with the applicant** |  | |
| **Language Proficiency** | | | | |
| **English Level**：□ Advanced □ Intermediate □ Elementary □ No proficiency  If you have taken TOEFL iBT, IELTS or any other English language proficiency test, please mention it here.  The Name of Test:  Score of the Test:  Certified Date (d/m/y): / /  **Japanese Level：** □ Advanced □ Intermediate □ Elementary □ No proficiency  **＊**If you have learned Japanese (incl. self-study), please mention the total period of learning. months  **＊**If you have taken JLPT or any other Japanese language proficiency test, please mention it here.  The Name of Test:  Result of the Test:  Certified Date (d/m/y): / /  **＊**Can you write Hiragana and Katakana? □ Yes □ No □ Hiragana only | | | | |
|  | | | | |
|  | | | | |
| **★ Please type in your answers in Japanese as much as possible.**  **Those who have never studied Japanese can answer in English.**  ★ **日本語で書けることがあれば、日本語で入力してください。** | | | | |
| **The reason to apply for the program**  Please explain why you want to participate in this program. | | | | |
|  | | | | |
| **Please introduce yourself.** | | | | |
|  | | | | |
| **What you are excited about living in Japan.** | | | | |
|  | | | | |
| **Do you have any allergies? Do you have any food or drink to avoid?** | | | | |
| * Yes   Please specify them below.       * No | | | | |
| **Are you currently under medical treatment?** | | | | |
| * Yes   - The subject for treatment:  - Is the treatment necessary to be continued in Japan? □Yes □No  □ No | | | | |
| **Do you take any medication regularly?** | | | | |
| * Yes   - Name of the medicine:  - The subject for treatment:   * No | | | | |

In order to complete your application, the followings have to be submitted along with this application form!

□Written Oath (Please make sure to read and understand the “Matters to Be Observed” first.)

□The latest official certificate of enrollment

□The latest official transcript

□A copy of passport (The biographical page)

□ID Photo (JPEG or PNG)