

短期留学生入学志願書
SHORT-TERM STUDY PROGRAM
APPLICATION FOR ADMISSION

写真 photo
50mm×40mm

NAME _____
Family Name First Name Middle Name

* Please write the name used in the passport.

氏名 (カタカナ・漢字)

Full Name in katakana or Kanji characters _____

生年月日 出生地 国籍
Date of birth _____ City of birth _____ Nationality _____
Day/Month/Year

自宅住所 Home Address _____

電話番号 Tel・Fax number _____

連絡先 Address for correspondence _____

電話番号 Tel・Fax number _____

Eメールアドレス E-mail address _____

緊急時連絡人・電話番号 Emergency Contact Name and Tel NO: _____

査証 Passport: Number: _____ Date of issue: _____
Date of expiration: _____ Issuing authority: _____

現在の状況 Present status

在学中の大学 Current University _____

専攻学科 Major subjects(studied) _____ 学年 Year _____

出身高校 Senior high school you graduated from _____

卒業年月 Date of graduation _____ (Month/Year)

希望学科 Please indicate the Department you would like to be based in. (Students are based in one department for the purpose of academic counseling but you may also select courses in other departments.) _____

留学期間 Please indicate your proposed dates of study

September 2018 - August 2019

September 2018 - January 2019

February 2019 - August 2019

April 2019 - August 2019

※ If you have any concerns regarding the duration, please feel free to contact us.

日本語能力 Japanese Language Qualification: _____

Reading: ___ Excellent ___ Good ___ Fair ___ Poor ___ None
Writing: ___ Excellent ___ Good ___ Fair ___ Poor ___ None
Hearing: ___ Excellent ___ Good ___ Fair ___ Poor ___ None
Speaking: ___ Excellent ___ Good ___ Fair ___ Poor ___ None

