**Date:**  / / 2024



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**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 proficiencyIf 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)