Application Form for Admission for Four - week Summer Program 2018 Aichi Shukutoku University

* Please print clearly. All info	ormation should be give	n in either Japanese or	English by the ap	plicant him/herself.
	ly) First (Gi	ven) Middle	_	Attach Photo (taken within
Kana:				3 months)
Chinese Characters : (If applicable)				4cm×3cm
2. Nationality :	3.	Place of Birth:		
4. Date of Birth: Year /	Month / Day 5.	Age :	6. Sex : □	
7. Marital Status : Sing Mari		of Spouse :		
8. Native Language:				
9. Present Address :				
* We will send admission so please make sure to p	•		Zip Code:	
Phone Number :		Fax Nur	mber :	
E-mail Address	@		<u> </u>	
10. Permanent Home Address * Write the permanent home		from the present add	ress above.	
Phone Number :			Zip Code:	
11. Emergency Contact:				
Name:		Relationship	·:	
Address: Same	e as above			
Phone Number :			Zip Code:	
E-Mail Address :	@			

12. Passport : ☐ Not yet issued ☐ Issued	Passport Number :			
Date of Issue: Year / Month / Day	Issuing Authority :			
Date of Expiration : Year / Month / Day	Place of Issue :			
13. Past entry into/stay in Japan : No Yes Period of Residence	Status of Residence * Please check your passport.			
Year / Month / Day Year / Month /	/ Day			
Year / Month / Day Year / Month /	/ Day			
14. Education : List below in chronological order all schools (beginning with high school) you have attended, including the university you may attend now.				
Name of Schools Location	Enrolled Dates (Yr./Mon.) Years			
	/ ~ /			
	/ ~ /			
	/ ~ /			
	/ ~ /			
	/ ~ /			
Total numl	ber of years of formal education			
Major at University				
15. Background in Japanese Language Study Japanese Language Study Experience : □Yes □No				
In case of 'Yes', give the detail				
Name of Institution	Location			
Periods of Study (Yr./Mon)	Class Hours / Week Textbooks Used			
/ ~ /				
Name of Institution	Location			
Double do of Charles (XV. (M)	Class Hours / Week Touch - 1- Hand			
Periods of Study (Yr./Mon)	Class Hours / Week Textbooks Used			

16.	About Visa : Do you need to obtain a visa to participate in this program?			
	□ Yes □ No			
	* Our university wouldn't help with visa acquisition. You must check the homepage of the Ministry of Foreign Affairs of Japan to see if you need to obtain a visa.			
17.	Medical Condition			
	Do you have any medical condition/disability that we need to know about to provide for your well being ?			
	Do you have any allergies ?			
	Yes / No Please give details :			
	Medication taken ?			
	Yes / No Please give details :			
18.	ASU Buddy Program			
	To help you start your life in Japan and ASU smoothly, the Buddy program will provide new international students with "Buddies". Buddies are ASU student volunteers who will assist you to settle down and make your Japanese life easier during your study period at ASU. If you wish to participate in the ASU buddy program, please check the box below.			
	☐ I wish to participate in the ASU buddy program.			
	☐ I DO NOT wish to participate in the ASU buddy program.			
	I declare that the information furnished on this form is true and correct. I also understand that the documents I submit with my application will not be returned under any circumstances.			
	Signature : Date:			
	Signature : Date:			
	Year / Month / Day			

Essay

Please write two essays, self introductory essay and what you wish to gain from this program in Japanese or English. * The essays written in a language other than Japanese and English must have a certified Japanese or English translation attached to this sheet. The translation must cover your statement thoroughly. ◆Self introductory essay ◆What your wish to gain from this program Signature: Date: Year / Month / Day