

12. Passport : Not yet issued Passport Number : _____
 Issued

Date of Issue : _____ Issuing Authority : _____
 Year / Month / Day

Date of Expiration : _____ Place of Issue : _____
 Year / Month / Day

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 number 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 details

Name of Institution	Location	
Periods of Study (Yr./Mon)	Class Hours /Week	Textbooks Used
/ ~ /		

Name of Institution	Location	
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:

Year / Month / Day

