Form 2

Examinee's ID※	※Administrative use

Statement of reason for applying

Photograph
4 cm (H)× 3 cm (W)
Please write your name on the backside.

Applicant's name: _____ _____ _____
　　　　　　　　　　　　　Last　　　　　　　　first　　　　　　　　middle

1. Academic Background

	Name of school	Location (city, country)	Period of attendance (month/year)	Degree obtained or expected
Elementary School			___/___ to ___/___ (month/year)　(month/ year)	
Jr. High School			___/___ to ___/___ (month/year)　(month/ year)	
High School			___/___ to ___/___ (month/year)　(month/ year)	
College/ University *			___/___ to ___/___ (month/year)　(month/ year)	
Graduate School *			___/___ to ___/___ (month/year)　(month/ year)	
Total years of schooling mentioned above as of September 21,2020			years	

* As for undergraduate/graduate schools, please state your Faculty, Department and Major.

Undergraduate:　Faculty　　_____

　　　　　　　　　Department　_____

Graduate:　　　 Course　　 _____

　　　　　　　　　Major　　　 _____

2. Occupational experience:
List all of your work history

Name of employer	Period of employment (month/year)	Occupation	Location (city, country)
	___/___ to ___/___ (month/year)　(month/ year)		
	___/___ to ___/___ (month/year)　(month/ year)		
	___/___ to ___/___ (month/year)　(month/ year)		
	___/___ to ___/___ (month/year)　(month/ year)		
	___/___ to ___/___ (month/year)　(month/ year)		

3. Language proficiency:

Native Language: _____

Evaluate your abilities using rate on a scale of 3 to 0.   3＝Excellent, 2＝Good, 1＝Fair, 0＝Poor

	Reading	Writing	Speaking	Listening	Qualifications (if any)
English					
Others (if any) ( )					

4. Contact person residing in your home country in case of emergency:

Full legal name _____

Relationship to the applicant _____

Street address _____

Phone number _____

5. Contact person residing in Japan, if any:

Full legal name _____

Relationship to the applicant _____

Street address _____

Phone number _____

Occupation _____

Work address _____

Phone number _____

6. Your plan after completing Graduate school of Societal Safety Sciences

7. Your reason for applying to Ph.D. of Disaster Management Program at Kansai University

I hereby certify that all information submitted is true and accurate.

And, I understand and accept all the matters stated in the Application Guidelines, and hereby apply for admission to Kansai University.

Date of application: _____

Applicant's signature: _____