



Kansai University Summer School 2017 Application Form

Division of International Affairs • 3-3-35 Yamate-cho, Suita-shi, Osaka Japan 564-8680
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1. Applicant's Information			
Full name in Katakana	Family Name	First Name	Middle Name
Full name in Alphabet	Family Name	First Name	Middle Name
Name in Chinese Character (if applicable)			
Nationality	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address			
Home Phone	Country Code	Area Code	Number
Cell Phone	Country Code	Area Code	Number
E-mail			
Date of Birth (yyyy-mm-dd)	Age		
2. Home Institution			
Institution Name			
Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-graduate		
Degree Program			
Year Level	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> other ()		
3. Passport Information and Visa Requirement			
	Passport Number	Date of Expiry (yyyy-mm-dd)	Country of Issue
4. Course Preferences			
<input type="checkbox"/> First half (Group 1) (June 25(Sun)~July 8(Sat))	Choose one only	# <input type="checkbox"/> Business and Japanese People	# <input type="checkbox"/> Global PBL
<input type="checkbox"/> Second half (Group 2) (July 9(Sun)~July 22(Sat))	Choose one only	<input type="checkbox"/> Global Sociology	<input type="checkbox"/> Contemporary Japanese society and culture
<input type="checkbox"/> Full course (Group 3) (June 25(Sun)~July 22(Sat))	Choose one only	# <input type="checkbox"/> Business and Japanese People	<input type="checkbox"/> Global PBL
	Choose one only	<input type="checkbox"/> Global Sociology	<input type="checkbox"/> Contemporary Japanese Society and Culture
# these courses are no longer taking applications			
Survival Japanese Language course (*Optional)	<input type="checkbox"/> I want to take Survival Japanese Language * Additional fee (¥18,000) is		<input type="checkbox"/> I don't want to take Survival Japanese Language.
	<input type="checkbox"/> ① First half (June 25(Sun)~July(Sat)) <input type="checkbox"/> ② Second half (July 9(Sun)~July 22(Sat))		
	* Survival Japanese Language course targets beginner students (less than 300 hours of study). Intermediate level or above may not be allowed to enroll due to class size limitations. (Priority is given to entry to beginners) * The contents of Survival Japanese Language course for the first half and the second half are the same.		
5. Accommodation preferences			
<input type="checkbox"/> Apartment			
<input type="checkbox"/> Homestay Additional fee is required for homestay . (¥6,500 for 2 weeks, ¥12,000 for 4 weeks)			
* Both types are limited. They are subject to availability.			

5. Language proficiency

English	Are you a native speaker of English ? <input type="checkbox"/> Yes <input type="checkbox"/> No → Self-Assessment(<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor)	
	* Please also check the box below if you have taken any English test before.	
	<input type="checkbox"/> TOEFL	(iBT Score / PBT Score: _____ Date of exam: _____)
	<input type="checkbox"/> IELTS	(Score: _____ Date of examination: _____)
	<input type="checkbox"/> Others (_____)	
Japanese	*Please refer to the application form(Survival Japanese Language class p.1) if you are planning to register for a JPN language class.	
	Have you ever taken any Japanese proficiency test?	
	<input type="checkbox"/> Yes (Name of the Test: _____ Score(or level passed) : _____ Date of exam: _____) <input type="checkbox"/> No → Self-Assessment <input type="checkbox"/> Have not studied before <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced)	

6. What is your motivation for applying for this program.

7. Emergency Contact Person

Name	Family Name	First Name	Middle Name
Nationality			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Current Address			
Home Phone	Country Code	Area Code	Number
Cell Phone	Country Code	Area Code	Number
E-mail			
Relationship to the Applicant			

8. Health

No health Restrictions/ Healthy

Others: (ex current illness being treated, taking medications)

(_____)

Do you have allergies? Yes No

If yes, what kind? Food (_____) Medication (_____)

Animal (_____) Plants (_____)

Others (_____)

Any other information we should know about you ? (Religious background, food restriction etc.)

(_____)

Date(Month/Day/Year) _____