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Kansai University Winter School 2020
Application Form

Division of International Affairs・3-3-35 Yamate-cho, Suita-shi, Osaka Japan 564-8680
TEL：+81-6-6368-1174 E-mail:short_term@ml.kandai.jp

※You need to answer all questions which are written in red letters.

1. Applicant's Information			
Full name in Katakana ※If there is no Katakana filled in,we will consider that you will entrust us to determine your Katakana character notation.	Family Name	First Name	Middle Name
Full name in Alphabet Please write the same name as written on your【passport】.	Family Name	First Name	Middle Name
Nationality		Gender	☐ Male ☐ Female
Postal code			
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	☐ Undergraduate ☐ Post-graduate
Degree Program	
Year Level	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ other ( )

3. Passport Information and Visa Requirement			
	Passport Number	Date of Expiry (yyyy-mm-dd)	Country of Issue

4. Course Preferences	
[January 15(Wed)～ January 28(Tue)]	☐ Work-Based Learning ☐ Society 5.0 : Sustainable Development Goals for Japan ＊Course preference cannot be changed once the application form has been submitted. However, your request may not be filled.
Survival Japanese Language course (＊Optional)	☐ I want to take Survival Japanese Language ☐ I don't want to take Survival Japanese Language. ＊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)

5. Accommodation preferences	
Choose one only	☐ Apartment ☐ Homestay Additional fee is required for homestay . (JPY 6,500 for 2Weeks) ＊The number for each is limited. They are subject to the availability.

5. Language proficiency

English	Are you a native speaker of English ? ☐ Yes ☐ No → Self-Assessment (☐ Good ☐ Fair ☐ Poor)
	＊Please also check the box below if you have taken any English test before.
	☐ TOEFL (iBT Score / PBT Score: Date of exam:)
	☐ IELTS (Score: Date of exam:)
	☐ Others ( )
Japanese	＊Please refer to the application guideline for the detailed content (Survival Japanese Language class p.7) if you are interested in taking Survival Japanese Language.
	Have you ever taken any Japanese proficiency test?
	☐ Yes (Name of the Test: Score(or level passed) : Date of exam:)
	☐ No → Self-Assessment ☐ Have not studied before ☐ Beginner ☐ Intermediate ☐ Advanced)

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

7. Emergency Contact Person

Name	Family Name	First Name	Middle Name
Nationality			
Gender	☐ Male ☐ 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

Choose one only	☐ No health Restrictions/ Healthy		
	☐ Others: (e.g. ongoing treatment, medications, etc.)		
	( )		
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)