

Program	Ph.D. of Disaster Management Program
Enrollment Period (Examination Month)	<input type="checkbox"/> Spring Semester (February Examination) <input type="checkbox"/> Fall Semester (February Examination) <input type="checkbox"/> Fall Semester (June Examination)
Name of your supervising professor at Kansai University	
Theme	

Please affix the same photograph that you affixed to your statement of reason for applying.
4 cm (H)× 3 cm (W)

Name in Chinese Characters (if applicable)	Last	First	Middle (if any)
Name in English	Last	First	Middle (if any)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	(mm/dd/yyyy)
Nationality			
Address in your home country	Postal code: City / State Country		
Mailing Address (if different from above)	Postal code: City / State Country		
Telephone Number			
E-mail Address	@		

Name of college or university	
Faculty	
Department	
Graduation Date	(mm/yyyy)

Name of graduate school	
Major	
(Expected)Completion Date	(mm/yyyy)

Field *	*Administrative use Same / Different	Career *	*Administrative use Yes / No	COE *	*Administrative use Yes / No
---------	---	----------	---------------------------------	-------	---------------------------------