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Field \*

Same / Different

Kansai University Graduate School Graduate School of Societal Safety Sciences 2025 Admission

Reference Number *	*Administrative use
Examination Number *	*Administrative use

## **Application Form**

7 ipplication i	01111					
Program	Ph.D. of Disaster Management Program				Photograph	
Enrollment Period (Examination Month)	☐ Spring Semester (February Examination) ☐ Fall Semester (February Examination) ☐ Fall Semester (June Examination)			a	Please affix the same photograph that you ffixed to your statement of reason for applying.	
Name of your supervising professor at Kansai University					4 cm (H)× 3 cm (W)  Write your name on the back of the photograph.	
Theme				L	ouck of the photograph.	
Name in Chinese Characters (if applicable)	Last		First		Middle (if any)	
Name in English	Last		First		Middle (if any)	
Gender	☐ Male	☐ Fema	le Date of	Birth	(mm/dd/yyyy)	
Nationality			·			
Address in your home country	Postal code:  City / State		Cou	ntry		
Mailing Address (if different from above)	Postal code:  City / State		Cou	•		
Telephone Number	City / Diane					
E-mail Address	@					
College/University (U	ndergraduate !	Education)				
Name of college or university						
Faculty						
Department						
Graduation Date	(mm/yyyy)					
College / University (G	raduate Educa	ntion)				
Name of graduate school						
Major						
(Expected)Completion Date	(mm/yyyy)					
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Career \*

Yes / No

COE \*

Yes / No