

## Statement of Reason for Applying

## Photograph

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

Write your name on the  
back of the photograph.

Applicant's Name: \_\_\_\_\_  
Last First Middle (if any)

## 1. Academic Background

Name of Schools / Other Educational Institutions (enter the name of all schools or educational institutions attended, starting with elementary school.)	Period of Attendance (mm/yyyy)	Faculty / Department ※1 Graduate School / Major ※2	Graduated (Completed) / Expected to graduate (completed) / Transferred
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)		

※1 For undergraduate education, state your Faculty and Department.

※2 For graduate education, state your graduate school and Major.

## 2. Employment History

Name of Company, Government Agency, Educational/Research Institution, etc.	Period of Employment (mm/yyyy)	Occupation
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	

### 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (if any) ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Full Legal Name \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

### 5. Contact person residing in Japan, if any:

Full Legal Name \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone 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: \_\_\_\_\_