Form 1

Kansai University Graduate School
Graduate School of Societal Safety Sciences
Fall Semester 2021 Admission

Reference Number *	*Administrative use

Examination Number *	*Administrative use

Application Form

Program	Ph.D. of Disaster Management Program
Name of your supervising professor at Kansai University	
Theme	

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.

Name in Chinese Characters (if applicable)	Last	First	Middle (if any)
Name in English	Last	First	Middle (if any)
Gender	☐ Male ☐ 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	@		

College／University (Undergraduate Education)

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

College／University (Graduate Education)

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