



**5. Language proficiency**

English	Are you a native speaker of English *If you are non-native speaker, indicate us your level by ticking a box. <input type="checkbox"/> Yes <input type="checkbox"/> No → Self-Assessment ( <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor )
	* Please tick the box below and describe your scores if you have taken any English test before.
	<input type="checkbox"/> TOEFL ( iBT Score / PBT Score: _____ Date of exam: _____ )
	<input type="checkbox"/> IELTS (Score: _____ Date of exam: _____ )
	<input type="checkbox"/> Others ( _____ )
Japanese	Have you ever taken any Japanese proficiency test?
	<input type="checkbox"/> Yes (Name of the Test: _____ Score(or level passed) : _____ Date of exam: _____ )
	<input type="checkbox"/> No → Self-Assessment ( <input type="checkbox"/> Have not studied before <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced )
*Please refer to the application guideline for the detailed content (Survival Japanese Language class p.6) if you are interested in taking Survival Japanese Language.	

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

**7. Emergency Contact Person**

Name	Family Name	First Name	Middle Name
Nationality			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> No health Restrictions/ Healthy		
	<input type="checkbox"/> Others: (e.g. ongoing treatment, medications, etc.)		
	( _____ )		
Do you have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what kind?	<input type="checkbox"/> Food ( _____ )	<input type="checkbox"/> Medication ( _____ )	
	<input type="checkbox"/> Animal ( _____ )	<input type="checkbox"/> Plants ( _____ )	
	<input type="checkbox"/> Others ( _____ )		

Any other information we should know about you ? (Religious background, food restriction etc.)

( \_\_\_\_\_ )

Date(Month/Day/Year)	
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