

# KUMAMOTO GAKUEN UNIVERSITY INTERNATIONAL EXCHANGE APPLICATION

1.Name: (write exactly same as	it appears on your p	passport)	
last (family or surname)	first (given)	middle or maiden	Please attach a recent
Name in <i>katakana</i> :			photograph of yourself.
last (family or surname)	first (given)	middle or maiden	
2. Sex: male female	3. Nationality:		Write your name on the
4. Date of Birth: / /	_ 5. Place of Birth		back of the photo.
mo. day yr.		city state or country	
6. Home town/city:town/city	sta	ite or country	_
7. Marital Status: Marr	ied 🔲 Si	ngle	
8. Home Institution:			
9. Highest degree completed or	in progress at HO	ME institution:	
Enrolled Faculty/College/Sch	nool:		
Enrolled Department:			
N. C. 11		* circle	the appropriate number.
Major field:			
<ol> <li>Date of graduation or expected</li> <li>Check the period of enrollmed one semester one y</li> <li>Present Address: (valid until</li> </ol>	nt in KGU for whi	•	mo. day yr.
Please write your address as it wo	ould appear on an er	nvelope, using one line for ea	ach line of your address.
	tele	phone (with area prefix)	
-			
	 E-n	nail address	
3. Permanent Address: (mail wi	ll be sent here afte	r the date given above)	
	tele	phone (with area prefix)	
	E-n	nail address	

a) Info	mation on your pa	assport, i	f currently po	ssessed:				
(1) N	Number:			_ (2) Date of Ex	xpirati	on:	/ /	
	nded Date of Entr							
	nded Length of Sta							
	e to Apply for Visa							
g)Past	Entry into/Stay in	Japan:	Yes	_ time(s) /		No		
If y	es, the latest entry	: from _	/	/ to	/	/		
	ninal record (in Ja							No
i) Are	any of your family	y membei	rs (Father, Mo	other, Spouse, So	on, Da	ughter) cu	ırrently resi	dent
in Ja	pan? Yes	☐ No						
If ye	s, please fill out th	ne follow	ing columns.					
		<u> </u>		<u> </u>				1
Relation- ship	Name	Date of Birth	Nationality	Residing with applicant or not	emp	lace of loyment/ chool	Status of Residence	
				Yes / No				
How Pleas	cational Backgrou many years of ed years se fill out the follo	ucation h	umns to verify	your above ans	wer:			ty.)
Name of th	e school you attend	ed		Entered (month /	year)	Left (mo	nth / year)	
				/			/	
				/			1	
				/			/	
				/			/	
				/			/	
				/			1	

14. The following information is necessary for immigration procedures:

### Name for Registration (Print or Type)

#### **Instructions:**

KGU Student Identification Card does not have enough space to include full name if you have the middle names. Therefore, as a rule, KGU Registrar's Office asks you to choose two parts of your name for the registration to KGU. You're supposed to use the First and Last name as they appear in your passport. But if your name is short enough and/or all the part of names are considered as one name such as in Myanmar, we will include your middle name. In that case, please write down your request underneath.

KGU Student Identification Card could print your name only in Japanese, and for your English name, KATAKANA would be used. Thus, please write down your name in KATAKANA as well.

In the case you're Chinese or Korean and have *official* kanji name, we could register and print your name in kanji instead of KATAKANA. Therefore, please write down your name in kanji in addition to KATAKANA only if you have *official* ones.

**LAST** 

**FIRST** 

#### **Name for Registration:**

In English:

In KATAKANA:	LAST	FIRST
In Kanji:	7 . I OFF	
	LAST	FIRST
•	de your middle name, please writ n in English and Japanese. Than	·
•	•	·
•	•	·
•	•	·
•	•	·

## Study Plan at KGU

Your Name:
Instructions:
Besides Mandatory Japanese Courses and Seminar in Japanese Culture, which courses would you like to take during the Spring Semester and/or the Fall Semester? Please read the Notes in the next page, and refer to our university's web site: http://www.kumagaku.ac.jp/english/campus_life/courses and write down the courses you're interested in taking. This form will be used to accept you to an appropriate department. It's not a pre-registration form, thus, you could change the courses to take after your arrival, if it's necessary.
Fall Semester (Starting in September):
Spring Semester (Starting in April):
Any other courses you'd like to take in Japanese, if any:

#### Notes

#### 1. Courses for Exchange Students

You will be assigned to a specific department, which will be determined by the courses of your choice, but you are allowed to take any courses from any of our other departments.

KGU offers the Japanese language courses designed especially for exchange students who have limited skill in Japanese. In each semester, you must attend 4 Japanese classes a week if your level of Japanese language proficiency is not high enough to take Japanese classes of higher level and other regular courses taught in Japanese.

Besides the mandatory Japanese language courses and Seminar in Japanese Culture, KGU offers the following courses taught in English or in English and Japanese bilingually, in the following departments:

International Communication Seminar I•II
Hospitality Seminar I•II•III
Semester Seminar V•VI

Seminar III (Japanese Culture and Society)
Department of Hospitality Management
Department of Economics

Seminar I (World Englishes I)
Department of English

#### 2. Photos

The three photos you enclose besides the one you attach to the application form would be used for your KGU Student ID Card, your Certificate of Eligibility application, and the KGU International Student Card.

If you have any further questions, please feel free to ask Ms. Tsunoda at the email address: <a href="mailto:a-saito@kumagaku.ac.jp">a-saito@kumagaku.ac.jp</a>

Akane Tsunoda (Ms.), Program Coordinator, Office of International Education

## **Financial Questionnaire**

\*The following information is necessary for your certificate of eligibility application and will be also used for JASSO Scholarship recipient selection, so please make sure to fill in fully.

Name in print:				
	Last name	First name	Middle name	
1. Are you receivir	ng any financial aid or	loan at your home institut	tion? Yes monetar	
If "Yes", pleas	se specify the total am	ount:	(	)
Is it transferab	ole from your home in	stitution to KGU?	Yes	☐ No
If "Yes", are the	here any requirements	over your course registrat	tion at KGU?	□No
If "Yes",	what are they?		165	
2. Who is going to	finance your stay in J	apan?		
(1) Method of su	apport and an amount	of support per month (a	werage) in Japanes	se yen
Self (	yen)	Remittance from outside J	Japan (	yen)
Carrying fr	rom abroad (	yen) (Who	When	)
Guarantor (in Japan	( yen)	Scholarship (	yen) 🗌 Others (	yen)
(2) If you have a	any Supporter other th	an yourself, please fill out	the following:	
Name		Relation	ship	
Address			Phone	
Occupation (N	Name of employment)		Phone	
Annual incom	e	yen		
		tion 2 (1) is scholarship, wn the name of your schol		
☐ Japanese go	overnment			
Foreign go	vernment			
Public serv	rice corporation (			)
Local self-	governing body (			)
Others (				)

## **Medical History**

Health Insur	rance		
Name of insur	red:	Insurance Co	)
Policy number:		Phone number	er:
Personal His	story		
Height: Blood pressur	cm Weight:k	g Blood type (I	f known):
anemia asthma high blood emotional recent wei arthritis scarlet feve fainting / c	I pressure	ones ransmitted disease s ns / seizures sis liver problems / permanent oblems	alcohol / drug abuse
Comments on	any of the above:		
Have you had	l any major surgery?   Yes *sp	ecify	No
Are you prese	ently being treated for any medicated for any medicated Yes *di		
Current medic	cations:		
Allergy Hist	ory		
Medication:	Yes *specify:		No
Insects:	Yes *specify:		No
Food:	Yes *specify:		No
Inhalants: (i.e. pollen)	Yes *specify:		No
Next of kin	or person to notify in case of eme	ergency	
Name:		Relation	to applicant:
Telephone nu	mber (with area prefix):		
Mobile phone	e number:		
FAX number	(with area prefix):		
E-mail addres	ss:		

## **Housing Questionnaire**

#### **Instructions:**

We are asking the questions in order to help place you with a compatible roommate. Therefore, please be accurate and specific. Please understand, however, that we may not be able to accommodate all of your requests due to various constraints.

氏名 Name: [	男 Male	□ 女 Female
質問 Questions		
1. Do you smoke? タバコを吸いますか		
☐ Yes ☐ No		
2. Are you allergic to smoke, or have any objection to living v	vith someone	who smokes?
あなたはタバコにアレルギーがありますか、または喫煙者と同室に	なることが嫌で	すか?
Yes, I'm allergic. Yes, I have objection.	☐ No	
3. Do you consider yourself neat and organized? あなたは整理	整頓が上手で	ごすか?
Yes, very much Yes, somewhat Not	really	☐ Not at all
4. Do you consider yourself a day person or a night person?	<b>昼型ですか、</b> を	友型ですか?
☐ Day person ☐ Night person		
5. Please state two or three personal characteristics which deso あなた自身について書いてください。	cribe yoursel	f.
6. What type of persons do you think you can best get along w どんな人とうまくやっていけますか?	vith?	
7. Are you vegetarian, or do you have any restrictions in food	? 食物に制門	艮がありますか?
☐ Yes ☐ No		
If yes, please describe. それは何ですか?		
健康状態 Health  State your general health: 一般的に		
Indicate any physical handicap you may have. 身体的なハンテ	イ <del>イヤツ</del> ノ	
List health problems, serious allergies and/or current medicati 健康上の問題、アレルギー等や現在治療中(投薬を受けている)病気		