

14. The following information is necessary for immigration procedures:

a) Information on your passport, if currently possessed:

(1) Number: _____ (2) Date of Expiration: ____/____/____
mo. day yr.

b) Intended Date of Entry: ____/____/____ c) Intended Port of Entry: _____
mo. day yr.

d) Intended Length of Stay: _____ e) Accompanying person, if any: Yes No

f) Place to Apply for Visa: _____

g) Past Entry into/Stay in Japan: Yes ____ time(s) / No

If yes, the latest entry: from ____/____/____ to ____/____/____
mo. day yr. mo. day yr.

h) Criminal record (in Japan or overseas): Yes Details: _____ / No

i) Are any of your family members (Father, Mother, Spouse, Son, Daughter) currently resident in Japan? Yes No

If yes, please fill out the following columns.

Relation-ship	Name	Date of Birth	Nationality	Residing with applicant or not	Place of employment/school	Status of Residence
				Yes / No		

j) Educational Background

How many years of education have you had commencing with an Elementary School?

_____ years

Please fill out the following columns to verify your above answer:

(Begin with an elementary school and include your current home institution, college or university.)

Name of the school you attended	Entered (month / year)	Left (month / year)
	/	/
	/	/
	/	/
	/	/
	/	/
	/	/

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 English brochure "Global Mind" and/or the site: <http://www.kumagaku.ac.jp/office/kokko/english-p/frameset.html> 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.

Spring Semester 2019 (Starting in April 2019):

Fall Semester 2019 (Starting in September 2019):

Any other courses you'd like to take in Japanese, if any:

N o t e s

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:

Special Lectures on Japanese Culture and Society: in All Departments except
International Economics

International Communication Seminar I•II	}	Department of Hospitality Management
Semester Seminar V•VI		
International Relations and Current Issues	}	Department of International Economics
Japanese Economy and Business		
Seminar III (Japanese Culture and Society)		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, for your Certificate of Eligibility application, and for the KGU International Student Card.

If you have any further questions, please feel free to ask Mr. Osawa at the email address: tosawa@kumagaku.ac.jp

Takashi Osawa (Mr.), Program Coordinator, Office of International Education

Medical History

Health Insurance

Name of insured: _____ Insurance Co. _____

Policy number: _____ Phone number: _____

Personal History

Height: _____ cm Weight: _____ kg Blood type: _____ Blood pressure: _____ / _____

Have you ever had or do you now have any on the following: (please tick in box)

- | | | |
|--|--|---|
| <input type="checkbox"/> anemia | <input type="checkbox"/> broken bones | <input type="checkbox"/> alcohol / drug abuse |
| <input type="checkbox"/> asthma | <input type="checkbox"/> sexually transmitted disease | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> headaches | <input type="checkbox"/> eye problem |
| <input type="checkbox"/> emotional / mental disorder | <input type="checkbox"/> convulsions / seizures | <input type="checkbox"/> back problem |
| <input type="checkbox"/> recent weight change | <input type="checkbox"/> tuberculosis | <input type="checkbox"/> stomach trouble |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> hepatitis / liver problems | <input type="checkbox"/> female disorders |
| <input type="checkbox"/> scarlet fever | <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer / tumors |
| <input type="checkbox"/> fainting / dizzy spells | <input type="checkbox"/> disability / permanent | <input type="checkbox"/> thyroid disease |
| <input type="checkbox"/> heart murmur / problems | <input type="checkbox"/> dental problems | <input type="checkbox"/> urinary problems |
| <input type="checkbox"/> hereditary disorder | <input type="checkbox"/> others (specify if any) _____ | |

Comments on any of the above: _____

Have you had any major surgery? Yes *specify _____ No

Are you presently being treated for any medical condition?
 Yes *diagnosis _____ No

Current medications: _____

Allergy History

Medication: Yes *specify: _____ No

Insects: Yes *specify: _____ No

Food: Yes *specify: _____ No

Inhalants: Yes *specify: _____ No
(i.e. pollen)

Next of kin or person to notify in case of emergency

Name: _____ Relation to applicant: _____

Telephone number (with area prefix): _____

Mobile phone number: _____

FAX number (with area prefix): _____

E-mail address: _____

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 with 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すか?
 Yes, very much Yes, somewhat Not really Not at all
4. Do you consider yourself a day person or a night person? 昼型ですか、夜型ですか?
 Day person Night person
5. Please state two or three personal characteristics which describe yourself.
あなた自身について書いてください。

6. What type of persons do you think you can best get along with?
どんな人とうまくやっていただけますか?

7. Are you vegetarian, or do you have any restrictions in food? 食物に制限がありますか?
 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. 身体的なハンディキャップ

List health problems, serious allergies and/or current medication, if any.
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)病気など

