



# KUMAMOTO GAKUEN UNIVERSITY

## INTERNATIONAL EXCHANGE APPLICATION

1. Name: (write exactly same as it appears on your passport)

\_\_\_\_\_

last (family or surname) first (given) middle or maiden

2. Sex:  male  female 3. Nationality: \_\_\_\_\_

4. Date of Birth: \_\_\_/\_\_\_/\_\_\_ 5. Place of Birth: \_\_\_\_\_

mo. day yr. city state or country

6. Home town/city: \_\_\_\_\_

town/city state or country

7. Marital Status:  Married  Single

8. Home Institution: \_\_\_\_\_

9. Highest degree completed or in progress at HOME institution: \_\_\_\_\_

Enrolled Faculty/College/School: \_\_\_\_\_

Enrolled Department: \_\_\_\_\_ Scholastic Year: 1, 2, 3, 4

\* circle the appropriate number.

Major field: \_\_\_\_\_ Minor field: \_\_\_\_\_

10. Date of graduation or expected graduation from your HOME institution: \_\_\_/\_\_\_/\_\_\_

mo. day yr.

11. Check the period of enrollment in KGU for which you are applying:

one semester  one year starting (April, September), 20\_\_\_

mo. day yr.  
12. Present Address: (valid until \_\_\_/\_\_\_/\_\_\_ )

Please write your address as it would appear on an envelope, using one line for each line of your address.

\_\_\_\_\_ telephone (with area prefix)  
\_\_\_\_\_

\_\_\_\_\_ fax number (if you have one)  
\_\_\_\_\_

\_\_\_\_\_ E-mail address  
\_\_\_\_\_

13. Permanent Address: (mail will be sent here after the date given above)

\_\_\_\_\_ telephone (with area prefix)  
\_\_\_\_\_

\_\_\_\_\_ fax number (if you have one)  
\_\_\_\_\_

\_\_\_\_\_ E-mail address  
\_\_\_\_\_

Please attach a recent  
photograph of yourself.

Write your name on the  
back of the photo.

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)
	/	/
	/	/
	/	/
	/	/
	/	/
	/	/

**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.

**Name for Registration:**

In English: \_\_\_\_\_  
LAST FIRST

In KATAKANA: \_\_\_\_\_  
LAST FIRST

In Kanji: \_\_\_\_\_  
LAST FIRST

- If you would like to include your middle name, please write down your name in the way you would like to register both in English and Japanese. Thank you.

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# 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/english/campus\\_life/courses](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 2019 (Starting in September 2019):

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Spring Semester 2020 (Starting in April 2020):

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

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# 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:

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

International Communication Seminar I•II }  
Semester Seminar I•II } Department of Hospitality Management

International Relations and Current Issues }  
Japanese Economy and Business } Department of International Economics  
Seminar III (Japanese Culture and Society) }

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 Mr. Osawa at the email address: [tosawa@kumagaku.ac.jp](mailto:tosawa@kumagaku.ac.jp)

Takashi Osawa (Mr.), 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 receiving any financial aid or loan at your home institution?  Yes  No  
[monetary unit]

If "Yes", please specify the total amount: \_\_\_\_\_ ( \_\_\_\_\_ )

Is it transferable from your home institution to KGU?  Yes  No

If "Yes", are there any requirements over your course registration at KGU?

Yes  No

If "Yes", what are they?

\_\_\_\_\_

2. Who is going to finance your stay in Japan?

(1) Method of support and an **amount of support per month** (average) in Japanese yen

Self ( \_\_\_\_\_ yen)  Remittance from outside Japan ( \_\_\_\_\_ yen)

Carrying from abroad ( \_\_\_\_\_ yen) (Who \_\_\_\_\_ When \_\_\_\_\_ )

Guarantor ( \_\_\_\_\_ yen)  Scholarship ( \_\_\_\_\_ yen)  Others ( \_\_\_\_\_ yen)  
in Japan

(2) If you have any Supporter other than yourself, please fill out the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation (Name of employment) \_\_\_\_\_ Phone \_\_\_\_\_

Annual income \_\_\_\_\_ yen

3. In case that your answer in the question 2 (1) is scholarship, which of the following is your scholarship agency? Please write down the name of your scholarship agency in parentheses.

Japanese government

Foreign government

Public service corporation ( \_\_\_\_\_ )

Local self-governing body ( \_\_\_\_\_ )

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

**Medical History**

**Health Insurance**

Name of insured: \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Policy number: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Personal History**

Height: \_\_\_\_\_ cm      Weight: \_\_\_\_\_ kg      Blood type (If known): \_\_\_\_\_  
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  
\_\_\_\_\_  
\_\_\_\_\_