

Kansai University Summer School 2020 Application Form

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※ You need to answer all questions which are written in red letters.

1. Applicant's Information			
Full name in Katakana <small style="color: red;">※ If there is no Katakana filled in, we will consider that you will entrust us to determine your Katakana character notation.</small>	Family Name	First Name	Middle Name
Full name in Alphabet <small style="color: red;">Please write the same name as written on your [passport].</small>	Family Name	First Name	Middle Name
Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postal code			
Current Address			
Home Phone	Country Code	Area Code	Number
Cell Phone	Country Code	Area Code	Number
E-mail			
Date of Birth <small style="color: red;">(yyyy-mm-dd)</small>		Age	
2. Home Institution			
Institution Name			
Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-graduate		
Degree Program			
Year Level	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> other ()		
3. Passport Information and Visa Requirement			
	Passport Number	Date of Expiry <small style="color: red;">(yyyy-mm-dd)</small>	Country of Issue
4. Course Preferences			
<small style="color: red;">[July 1(Wed)~ July 15 (Wed)]</small>	<input type="checkbox"/> Global PBL <input type="checkbox"/> Business for SDG-s <small style="color: red;">* Course preference cannot be changed once the application form has been submitted. However, your request may not be filled.</small>		
<small style="color: red;">[July 16(Thu)~ July 30(Thu)]</small>	<input type="checkbox"/> Work-Based Learning <input type="checkbox"/> Japanese Popular Culture <small style="color: red;">* Course preference cannot be changed once the application form has been submitted. However, your request may not be filled.</small>		
Survival Japanese Language course <small style="color: red;">(*Optional)</small>	<small style="color: red;">* Additional fee ¥18,000 is required.</small> <input type="checkbox"/> First half (Cycle 1: between July 1 and July 15) <input type="checkbox"/> Second half (Cycle 2: between July 16 and July 30) <small style="color: red;">* Survival Japanese Language course targets beginner students (less than 300 hours of study). Intermediate level or above may not be allowed to take due to class size limitations. (Priority is given to entry to beginners) * The contents of Survival Japanese Language course for the first half (Cycle 1) and the second half (Cycle 2) are the same.</small>		
5. Accommodation preferences			
Choose one only	<input type="checkbox"/> Apartment <input type="checkbox"/> Homestay * Additional fee is required (¥7,000 for 2 weeks, ¥13,500 for 4 weeks) <small style="color: red;">* The number for each is limited. They are subject to the availability.</small>		

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)