



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

Name in *katakana*:

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

2. Sex: ☐ male ☐ female

3. Nationality: _____

4. Date of Birth: ____ / ____ / ____

mo. day yr.

5. Place of Birth: _____

city state or country

Please attach a recent
photograph of yourself.

Write your name on the
back of the photo.

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____

12. Present Address: (valid until ____ / ____ / ____)

mo. day yr.

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

_____ telephone (with area prefix)

_____ E-mail address

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

_____ telephone (with area prefix)

_____ E-mail address

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.

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:

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:

International Communication Seminar I・II	}	Department of Hospitality Management
Hospitality Seminar I・II・III		
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, your Certificate of Eligibility application, and the KGU International Student Card.

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

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

