

Kansai University Summer School 2019 Application Form

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

1. Applicant's Information			
Full name in Katakana <small>* 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>Full name in Alphabet 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
Email			
Date of Birth (yyyy-mm-dd)		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 (yyyy-mm-dd)	Country of Issue
4. Course Preferences			
<input type="checkbox"/> First half (Unit 1) <small>[July 3(Wed)~ July 17(Wed)]</small>	Choose one only	<input type="checkbox"/> Global PBL <input type="checkbox"/> Japanese Popular Culture	
<input type="checkbox"/> Second half (Unit 2) <small>[July 18(Thu)~ August 1(Thu)]</small>	Choose one only	<input type="checkbox"/> Work-Based Learning <input type="checkbox"/> Global Sociology	
<input type="checkbox"/> Full course (Unit 3) <small>[July 3(Wed)~ August 1(Thu)]</small>	Choose one only	<input type="checkbox"/> Global PBL <input type="checkbox"/> Japanese Popular Culture	
	Choose one only	<input type="checkbox"/> Work-Based Learning <input type="checkbox"/> Global Sociology	
* Course preferences cannot be changed once the application form has been submitted. However, your request may not be fulfilled.			
Survival Japanese Language course (*Optional)	<input type="checkbox"/> I want to take Survival Japanese Language. * Additional fee ¥18,000 is required. <input type="checkbox"/> ① First half (Cycle 1) July 3(Wed)~ July 17(Wed) <input type="checkbox"/> ② Second half (Cycle 2) July 18(Thu)~ August 1(Thu) <input type="checkbox"/> I don't want to take Survival Japanese Language. * Survival Japanese Language course targets beginner students (less than 300 hours of study). Intermediate level or above may not be allowed to enroll 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.		
5. Accommodation preferences			
<input type="checkbox"/> Apartment <input type="checkbox"/> Homestay Additional fee is required for homestay (¥6,500 for 2 weeks, ¥12,000 for 4 weeks). * Both types are limited in number. They are subject to availability.			

5. Language proficiency Language skills are required for the Work-Based Learning. Language proficiency MUST BE STATED.				
English	Are you a native speaker of English ?		<input type="checkbox"/> Yes <input type="checkbox"/> No → Self-Assessment (<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor) * Please also check the box below 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 examination:)			
	<input type="checkbox"/> Others ()			
Japanese	*Please refer to the application form(Survival Japanese Language course p.13) if you are planning to register for a JPN language class. 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)			
6. Why do you wish to apply 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	
Email				
Relationship to the Applicant				
8. Health				
<input type="checkbox"/> No health restrictions/ Healthy <input type="checkbox"/> Others (e.g., ongoing treatment, medications, etc.) ()				
Do you have any 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) _____				