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| FORM A |

Academic Year 2019-2020

**APPLICATION FOR ADMISSION TO NIHON UNIVERSITY AS JLSP EXCHANGE STUDENT**

Please use only English when filling the form. This form must be typed up.  
Tick off the term you are applying for: □Summer □Fall □ Spring

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | First Name: | | | Middle: | | Gender: M F |
| Date of Birth | Year | | | Month | | | Day | | Photograph  4 x 3 cm |
| Country of Citizenship: | | | | | | | | |
| Home Institution:  College/Department: | | | | | | | | |
| Major:  Minor: | | | | | | | | |
| Year Level:   * 1st □ 2nd * 3rd □ 4th   □ Graduate |
| Permanent Home Address  Phone Number: | | | | | | | | |
| Current Address  Phone Number: | | | | | | | | | GPA(Grade Point Average) |
|  |
| E-mail Address | |  | | | | | | | |
| Name and Address of Parents or Guardian | | | | |  | | | | |
| Contact Person in Case of Emergency  +telephone and address if other than above | | | | |  | | | | |
| List all the schools attended (attending) from elementary school. | | | | | | | | | |
| Official Name of School | | | | | Date Entered | Date Graduated  / Expected date of Graduation from University | | | Diplomas, Certificates |
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|  | | | | |  |  | | |  |
| School or university honors received | | | | |  | | | | |
| Societies, student organizations and activities | | | | |  | | | | |
| Have you ever learned Japanese? | | | | | Yes　　　　　　　　　　No | | | | |
| If yes, indicate the place and the periods of studying etc | | | | | | | | | |
| Name of School | | | | | How long (mm /yyyy) | | Hours/week | Textbook(s)/Chapter | |
| 1) | | | | | ---- | |  | Chap | |
| 2) | | | | | ---- | |  | Chap | |
| 3) | | | | | ---- | |  | Chap | |
| 4) | | | | | ---- | |  | Chap | |
| If you have passed Japanese-Language Proficiency Test (J.L.P.T.), please tick the level.  N5 N4 N3 N2 N1 Test Date: Result: | | | | | | | | | |
| Why would you like to study Japanese? How would this program contribute to your personal / academic / professional development? | | | | | | | | | |
|  | | | | | | | | | |
| Brief self introduction | | |  | | | | | | |
| Hobbies or interests | | |  | | | | | | |
| Do you have any medical conditions, allergies, medication you take on a daily basis, or any disabilities, of which we should be aware of?  　　　Yes　　　 No  If Yes, please give details. | | | | | | | | | |
| Do you have any dietary restrictions or requirements? | | | | |  | | | | |
| Religious preference  ( requested but not compulsory) | | | | |  | | | | |

I agree that if I am admitted by Nihon University I will adhere to and be bound by the Agreement between my university and Nihon University. I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the university or subject to dismissal. With this, I certify that the above statements are correct and complete.

Signature Date

# Important: The applicant must sign this application before any action can be taken. To be returned when completely filled out with other required documents.