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| FORM A |

Academic Year 2017-2018

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

Please use only English when filling the form.
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 | Photograph4 x 3 cm |
| Country of citizenship: |
| Home Institution: College/Department:  |
| Major:Minor: |
| Year Level:* 1st □ 2nd
* 3rd □ 4th

□ Graduate |
| Permanent Home AddressPhone number: |
| Current AddressPhone 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) |
|  1) |  ---- |  |  |
|  2) |  ---- |  |  |
|  3) | ---- |  |  |
|  4) | ---- |  |  |
| 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 or allergies of which we should be aware? 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.