**Two-Week Summer**

**Japanese Program**

**Application Form**



**How to Apply**

PHOTOGRAPH

Your digital image within the past 6 months

1. Complete the entire form in English.
2. Type application, if possible, or write neatly by hand in block letters.
3. Send the application form by email.
4. Qualified applicant will be contacted for giving further information.

2095-1 Niimura Matsumoto-City, Naganao, Japan

Zip code: 390-1295

Phone: 81-263-48-7203 Fax: 81-263-48-7290

E-mail kazuhiro.sekizawa@matsu.ac.jp

**Student information**

|  |
| --- |
|  |
| Name( Surname, Given name, Middle Name) |
| University/College/School currently Attending Department/school Major |
| Mailing Address(Street Number, City) |
| Country Zip, or Mailing Code  Birth of date(dd/mm/yy): / / Age: 　　　　　□ Male □ Female |
| Citizenship: First Language: |
| Passport Number: Issue of Country: Expiration Date: |
| Home Phone: Fax: Skype: |
| Email: Cell Phone: |

**Personal information**

Japanese Program Attended:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution/Program | From(Month/year) | To(Month/Year) | Textbook |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Japanese Language Ability: Evaluate your ability as “Advanced” “Intermediate” or “Beginner”.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reading | Writing | Speaking |
| Japanese |  |  |  |

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| --- |
| Interest: What are you interested in doing in Matsumoto? |
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| Purpose: Describe your reasons for applying for the Japanese Program in Matsumoto? |
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**Medical Information**

**Medical Information**

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| --- |
| General condition of health: |
| Do you have any medical conditions that might hinder your ability to participate fully, either academically or socially? |
| Have you been or are you presently taking any medications? |
| If so, please describe: |
|  |
| Allergies: |
| Please explain any other medical problems of conditions you have: |
|  |
| Do you smoke cigarettes? Do you mind if your host family smokes cigarettes? |
| Person to be notified in applicant’s home country in case of emergency:  Name: Relationship to Applicant: |
| Phone: Cell Phone: Email: |
| Address: |
| I certify that the information on this form, authentic and true.  Applicant: |

Applicant’s Signature Date of Application

**Emergency Information**