

Attach 2"x2" full face photograph taken within 6 months

Please submit 4 identical photographs together with one attached here.

APPLICATION FOR ADMISSION to INTERNATIONAL DIVISION SEINAN GAKUIN UNIVERSITY



6-2-92, Nishijin, Sawara-ku
Fukuoka 814-8511 JAPAN

Type or print in ink : Fill in all blanks

1) APPLICANT

Name

Last

First

Middle (do not abbreviate)

Name written in KATAKANA(カタカナ)

(or in English letters which shows the pronunciation)

Birth Date

Birthplace

Social Security Number

(U.S.A. students only)

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|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

_____/_____/_____

Month

Date

Year

City

State

Country

Country of citizenship

Home address

Home telephone

[] -

Present mailing address (For times you will not be at your "Home address")

Present telephone

[] -

E-mail address

Male Female *Marital Status:* Single Married

Home Institution: _____

Prospective Study Period at Seinan:

Current Year in School: 1st 2nd 3rd 4th Other
(Freshman) (Sophomore) (Junior) (Senior)

Only fall semester

Only spring semester

Two semesters

Degree: Bachelor Master Doctor

Prospective Graduation Date: Year _____ Month _____ Day _____

Major Field: _____ Honors / Scholarships : _____

Minor Field: _____

2) SCHOOLS ATTENDED after Jr. high school

Period of

Name of school

Address (city & country)

Degree

Attendance

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3) PARENTS

Father's

Mother's

_____/_____/_____

_____/_____/_____

Occupation

Occupation

Parents' address (if different from the home address above)

Applicant's name (print): _____

4) Method of support to meet the expenses while in Japan

a. Method of support

- Self Remittance from outside Japan Carrying from abroad (who _____ when _____)
 Guarantor in Japan Scholarship Others _____

b. Supporter

Relationship with the applicant (if you receive expenses by remittance from outside Japan, carrying from abroad or guarantor) e.g. Father _____

Name _____

Address _____ Telephone No. _____

Occupation (Name of employment) _____ Telephone No. _____

Annual income _____

c. Fill in if your guarantee is not your parents.

Guarantee's name _____ Occupation (Name of employment) _____

Guarantee's address _____

5) PERSONAL

- a. Have you ever visited or lived in Japan? Yes (___ times) No

If you have experience in entering and leaving Japan, please write them below.

| Date of entry (mm/dd/yy) | Date of leave (mm/dd/yy) | Purpose of entry |
|-----------------------------|-----------------------------|------------------|
| (1) _____ ~ _____ | _____ | _____ |
| (2) _____ ~ _____ | _____ | _____ |
| (3) _____ ~ _____ | _____ | _____ |

- b. If you have relatives or acquaintances in Japan, please give their names and addresses

- c. What influenced your decision to apply to Seinan Gakuin University?

- d. Give us special areas of interest in study at Seinan Gakuin University.

- e. Give us information that would help us better understand your academic background.

Applicant's name (print): _____

6) HEALTH

Have you ever been required to interrupt your schoolwork because of ill health or physical disability?

Yes No

If answer is "Yes", describe nature of disability and duration.

7) FUTURE PLAN

State your plans after the one-year program at Seinan Gakuin University.

I hereby certify that the above information that I have given is true, correct and complete.

Date _____ **Signed** _____