

International Students Application Form

10-1 Ushi, Gosho-machi, Kanazawashi, Ishikawa Prefecture 7920-8620 Phone: +81-76-253-3896 FAX: +81-76-253-3995 Email: iec@seiryo-u.ac.jp web: http://www.seirvo-u.ac.ip/u/ Personal Information O Mr O Mrs. O Ms. OMiss Date of Birth _____yyyy /____mm / ____dd O Male O Female Family (Last) Name: _____ Given (First) Name(s):____ Furigana (Name in Katakana) ______ Passport Number Current Mailing Address: _____Country: Phone number: () _____ FAX: (Email: _____ Country of Citizenship: ____ **Home University Information** University Name: Faculty Name: Major: ______Year Which program are you applying to: Short-term Japanese Language and Culture Program O 2016 Short-term Japanese Language and Culture Program (Period: 2016 mid-May to 2016 mid-June) Japanese Language Program O 2016 First Semester Japanese Language Program (Period: 2016 early-April to 2016 early August) O 2016 Second Semester Japanese Language Program (Period: 2016 Mid-September to 2017 Early February) O 2017 First Semester Japanese Language Program (Period: 2017 Early-April to 2017 early August) O 2017 Second Semester Japanese Language Program (Period: 2017 Mid-September to 2018 Early February) Faculty of Economics Credit Auditor Program O 2016 First Semester Credit Auditor Program (Period: 2016 early April to 2016 early August) O 2016 Second Semester Credit Auditor Program (Period: 2016 Mid-September to 2017 Early February) O 2017 First Semester Credit Auditor Program (Period: 2017 Mid-April to 2017 early August) O 2017 Second Semester Credit Auditor Program (Period: 2017 Mid-September to 2018 Early February)



Other____

International Students Application Form

10-1 Ushi, Gosho-machi, Kanazawashi, Ishikawa Prefecture ₹920-8620

Phone: +81-76-253-3896 FAX: +81-76-253-3995 Email: iec@seirvo-u.ac.ip web: http://www.seirvo-u.ac.ip/u/ O YES Is Japanese your first language? 0 NO If No, have you taken JLPT (Japanese Language Proficiency Test)? O YES \bigcirc NO Level: O N1 O_{N2} O N3 O N4 O_{N5} Where did you learn (study) Japanese? Institution Name: _____ How long have you studied Japanese: Have you ever stayed in Japan? O YES \bigcirc NO If Yes, when did you stay in Japan and how long? Date of Entry: ____/____ Date of Departure ____/____ Visa ____ Date of Entry: _____/____ Date of Departure _____/____ Visa _____ Date of Entry: ____/____ Date of Departure ____/___ Visa ____ Please fill the educational background below if you are applying for Faculty of Economics Credit Auditor Program. Please write from Elementary school. Institution Name Graduation date Years Attended Location After you finish this program you would: O Transferring to Kanazawa Seiryo University, Faculty of Economics Applying for Kanazawa Seiryo Grad School O Transferring to other University or Grad School O Going back home



金沢星稜大学 International Students Application Form

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Reasons to study at Kanazawa Se	eiryo University		
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Please return this completed	form to:		
International Exchange Cent	ter		
Kanazawa Seiryo Univeristy	φ.		
10-1 Ushi, Gosho-machi, Kanaz		Prefecture = 920-862	20
Email: iec@seiryo-u.ac.jp	,		*
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Signature of Applicant:		Date:	-