



KANAZAWA SEIRYO UNIVERSITY

金沢星稜大学

Short-term Japanese Language and Culture Program International Students Application Form

Phone: +81-76-253-3896

FAX: +81-76-253-3995

10-1 Ushi, Goshō-machi, Kanazawa, Ishikawa 920-8620
Email: iec@seiryō-u.ac.jp

web: <http://www.seiryō-u.ac.jp/u/>

Personal Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss Date of Birth _____ yyyy / _____ mm / _____ dd ☐ Male ☐ 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 :

☐ 2019 Short-term Japanese Language and Culture Program: July 15th 2019 to July 26th 2019

Japanese Language Ability

JLPT Level: ☐ N1 ☐ N2 ☐ N3 ☐ N4 ☐ N5 ☐ None

Are you going to take JLPT? ☐ No ☐ Yes Year: _____ Month: _____ Level: _____

English Language Ability

Advanced Intermediate Beginner

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Do you have any English Language Certificate? (IELTS, TOFEL, CEFR, TOEIC etc.)



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Information on Japanese Language Study

Name of Institution	Period of Study		Study hours per week
	From	To	
	From	To	
	From	To	
	From	To	

Please explain your Japanese language ability if you have never studied Japanese at school.

(Example: I can read and write HIRAGANA. I can write KANJI etc.)

Past entry into / departure from Japan

Date of Entry	Date of Departure	Visa	Purpose of stay

Educational background (Please write from Elementary school)

Institution Name	Location	Graduation date	Years Attended



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[illegible]

Email: iec@seiryu-u.ac.jp

Signature of Applicant: _____ Date: _____