**Kyoto University Asian Studies Unit**

**Application Form (Short-Term Study Overseas: For-Credit Programs)**

1. Program type

|  |  |
| --- | --- |
| Name of program  (Program number) |  |
| Host university  (destination country) |  |
| Program dates |  |
| Participation in programs under the Rediscovering Japan Project (please circle) | 1. How many times have you participated?   ☐This is the first time　☐( ) times including this application   1. How did you find out about the program?   Instructor’s recommendation / Information on the website / Other: |

1. Applicant details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Family name | Given name(s) | | |
| フリガナ |  | | |
| In Japanese/Chinese characters if applicable: |  | | |
| In Western alphabet (as shown on your passport): | | Country of Citizenship |  |
| Date of birth | Year: Month: Day: (current age: ) | | Gender | ☐Male　☐Female |
| Affiliation | Faculty or Graduate School:  Level: ☐Undergraduate year: ( )　☐Master’s year: ( )　☐Doctoral year: ( )  Student ID number:  Supervisor/class instructor: | | | |
| Current address | 〒 | | | |
| Contact details | PC e-mail:　　　　　　　　　　　@  Telephone: ( ) -  Emergency contact (cellphone): ( ) -  Cellphone e-mail:　　　　　　　 　　@  Skype ID: | | | |
| Passport details | Do you have a valid passport?　☐Yes ☐Applying ☐No (intend to apply by: )  Passport number:  Expiry date (year/month/date): | | | |
| Physical and mental health | ☐No health problems　　☐Currently undergoing treatment for a health condition | | | |

1. Emergency contact while overseas / guarantor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guarantor /  Emergency contact | Name |  | Relationship to applicant |  |
| Address:  Telephone: ( ) -  Cellphone (workplace contact, etc.): ( ) -  E-mail:　　　　　　　 　　@ | | | |
| Consent of guarantor | Consent of guarantor (relative etc.):　☐Obtained　☐Not obtained  \* You may not apply for this program without the consent of your guarantor. | | | |

1. Language proficiency

|  |  |
| --- | --- |
| Language used in destination |  |
| Certification of language proficiency | **Please attach a language proficiency test score report and provide your score details below.**  [English]　Date test taken (year/month/day):  Type of test: ☐TOEFL® 　☐IELTS 　☐Other:  Score\*:  [Other language: ] Date test taken (year/month/day):  Type of test:  Score\*: |

\*If no proficiency test is conducted in the language used, submit a Certificate of Language Proficiency (Form 3) completed by a faculty member.

\* If you are applying for an English-medium program where no minimum proficiency level is specified and your score is equal to or lower than 68 on the TOEFL® iBT or IELTS 5.5, you must submit a Certificate of Language Proficiency (Form 3) completed by a faculty member to establish that your proficiency level will not impede your capacity to participate in the program. If your score is equal to or lower than 41 on the TOEFL® iBT, in principle you are ineligible to apply.

\* If you are unable to provide a proficiency test score report in the applicable language by the application deadline, you may substitute a Certificate of Language Proficiency (Form 3) completed by a faculty member, but you will still be required to submit a copy of the score report before departure on the program.

1. Destination details

|  |  |
| --- | --- |
| Host institution | Name of university / research institute:  Name of host division (faculty, graduate school, etc.):  Address: |

1. Course credit and completion certificate

|  |  |  |  |
| --- | --- | --- | --- |
| Institution awarding credit |  | No. of credits awarded |  |
| Comments |  | | |

1. Supervisor details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor | Name |  | Job title |  |
| Affiliation | Graduate School of: | | |
| Contact | E-mail:　　　　　　　　　　　@  Telephone: ( ) - | | |
| Relationship to applicant | ☐Direct supervisor ☐Other: | | | |

1. Supervisor’s recommendation

|  |
| --- |
| I hereby recommend the applicant for participation in this overseas program, and undertake to support him/her actively through:   1. Ongoing contact regarding research activity during the period of study, reporting on outcomes upon return to Kyoto University 2. Response in emergency situations   　Signature:　　　　　　　　　　　　　　　　　　　　　Date (year/month/day): |

――――――――――――――――――――――――――――――――――――――――――――――――

OFFICE USE ONLY 　　　申請受付日：　20　　　年　　　月　　　日

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 採択結果 | 選出　・　不選出 | 結果通知日 |  | 説明会参加日 |  |
| 応募書類の確認 | ☐語学試験のスコアコピー/教員による語学証明（☐要-☐提出有　☐不要）  □申請にあたっての抱負 | | | | |
| 派遣前提出物確認 | ☐誓約書  ☐海外旅行保険契約書のコピー（大学加入の保険加入手続き（　　／　　））  ☐パスポートのコピー  ☐旅程表 | | | | |
| 派遣後提出物確認 | ☐搭乗券（Boarding Pass）の半券　☐派遣報告書（指定書式）  ☐修了証明書・成績証明書（派遣先大学・京大双方のもの。提出免除指定のプログラムを除く） | | | | |
| 特記事項 |  | | | | |

Revised on 23/3/2018