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| APPLICATION FORMCultural Exchange Program for Students From Russian Universities*Kanazawa University* |
| \* Use this sheet as a coversheet. |
|  |  |
|  |  | Name of Applicant | 　 |  |  |
|  |  | Applicant's Home Institution | 　 |  |  |
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|  | \*This application form should be thoroughly filled out and sent to International Student Section at Kanazawa University by **March 21, 2019**, together with all of the following documents **through the office of international student exchange at the applicant's home institution.** |
|  |  |
|  | 　 |  Tick | 　 |
|  | 　 | 1. An un/official transcript from your home institution (PDF format)
 | □ |  | 　 |
|  | 　 | 1. Your ID Photo (3cm×4cm) in JPEG or other digital format
 | □ |  | 　 |
|  | 　 | 3. A photocopy of the ID page of your passport (PDF format) | □ |  | 　 |
|  | 　 |  |  |  | 　 |
|  |  **Deadline: March 21　(Thu.), 2019** |
|  | 　For Contact and Inquires: 　　　Lin TANG (Ms.), Mitsuko Tsukamoto (Ms.) International Student Exchange Division International Relations Department Kanazawa University Address: Kakuma-machi, Kanazawa, Ishikawa 920-1192 JAPAN E-mail: st-exch@adm.kanazawa-u.ac.jp FAX: +81-76-234-4043    |
| INSTRUCTIONS |
| * This application form should be filled out in alphabets.
* Numbers should be in Arabic figures.
* Years should be written according to the Western calendar.
* Proper nouns should be written in full, no abbreviations.
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| 1. Name in full |
|  |  Roman alphabet | **\* Must be the same as your passport** | PHOTOSize(3cmx4cm) |
|  | 　 |  | 　 | 　 |  |  |
|  |  Family name |  First name |  |  Middle name |  |
|  |  |
|  |
| 2. Nationality | 　 |  |
|  |
| 3. Sex | □　Male □　Female □　Other |
|  |
| 4. Date of birth | 　 | 　 |  |  | 　 | 　 |  | 　 | 　 |  |  | Age | 　 | 　 | 　 |
|  |  |  |  |  |  Year |  | Month |  | Day | ↑ As of June 30th, 2019 |
| 5. Place of birth | Country |  | 　　City, etc. | 　 |
| \*in Roman alphabets |
|  |
| 6. Current address, telephone number(s) and e-mail address |
|  | Address: |
|  | Phone:  |   |  Mobile: |
|  | E-mail: |
|  |  |
|  |  |
| 7. Person to be notified in applicant's home country, in case of emergency |
| (1) Full name | 　 |  | (2) Relationship to the applicant | 　 |
| (3) Address, telephone number(s) and e-mail address |
|  | Address: |
|  | Phone: | 　 | Mobile: |
|  | E-mail: |  |  |
|  |   |
| 8. School year as of July, 2019 |  [1st/2nd /3rd/ 4th ] year of undergraduate program  |
|  |  |
| 9．Major field(s) of study | 　 |
|  |
| 10．Language proficiency |
|  | Please tick (✓) as appropriate.  |
|  | Language | Excellent | Good | Fair | Poor | 　　 |
|  | English | 　 |  | 　 | 　 |
|  | Japanese |  |  |  |  | Applicant’s native language(s): |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |
|  |
|  | Proficiency in Japanese |
|  | a. How long have you studied Japanese?  |
|  | 　　　Total of  |  | Year(s)  |  | Month(s) |
|  | b. Please give information below.  |
|  | Name of school(s) where you studied Japanese |  Period of study |  Textbook(s) |
|  | 　 | 　 | 　 |
|  | 　 | 　 | 　 |
|  |  |  |  |
|  | c. If you have passed the Japanese Language Proficiency Test, please circle the level that you hold. |
|  | ⇒ Level　1 / 2 / 3 / 4 or N1 / N2 / N3 / N4 / N5 |
|  | d. Have you ever been to Japan? 　　　Yes □　　　　No　□If yes, how many times?　　　　 　　　 |
|  |  |
| 11．Essay in support of your candidacy |
|  | \*Please state why you wish to join the Cultural Exchange Program at Kanazawa University.  |
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