

Questionnaire on Applicant's Japanese Language Background

Experience of Japanese Language Study				
Total Study Period			Hours in Total	
years and		months	hours	
Name of Institution (Country/City)	Type of Study	Period (YYYY/MM)	Hours per Week	Textbooks Used
	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study	/ - /		
	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study	/ - /		
	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study	/ - /		
	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study	/ - /		

	Level	Total Score	Date Taken (YYYY/MM/DD)
Japanese-Language Proficiency Test (JLPT)			/ /
	<input type="checkbox"/> Passed *Please attach a copy of the certificate. <input type="checkbox"/> Not Passed		

Do you accept that in KCUFS's JLP there is neither a **lower elementary level course** (corresponding approximately to the JLPT N5 level) nor an advanced level course (corresponding approximately to the JLPT N1 or higher)? **(Therefore, we will not be able to accept applicants who are considered to be at these levels.)**

Yes No

Contact Information

Email Address	Main Email address	*Please write an email address you frequently check		
	Alternative Email Address			
Mailing Address	* KCUFS may use this address to send important documents. Please provide a permanent address where you can receive documents from KCUFS.			
	Address			
	Postal Code		Phone	
Person to Contact in Emergency	Name			
	Relationship		Occupation	
	Address			
	Postal Code		Phone	
	Email			
	Signature			
Passport Data	Passport Number		Issuing Authority	
	Date of Issue		Date of Expiration	

Declaration

I hereby declare all information in the application form and documentation provided to be true. I am completely responsible for my educational and living expenses during my stay at KCUFS, and I agree to pay all fees to KCUFS by the due date. I will immediately notify KCUFS if there is any change in terms of any given information in this application form.

Applicant's Name			
Date		Signature	

Applicant's Study Abroad Advisor or Academic Advisor at Home University

Name			
Position		Phone	
Email			
Date		Signature	

Please send this application form enclosed with all other required documents by air mail to the following address through your home university:

International Office
 Kobe City University of Foreign Studies
 9-1, Gakuen-higashimachi, Nishi-ku, Kobe 651-2187, Japan
 Tel: +81-78-794-8171 / Fax: +81-78-794-8178
 Email: international-office@office.kobe-cufs.ac.jp (Inquiries welcome)

***Your application must be received no later than Thursday April 20th, 2017 (to be eligible for the Fall semester, 2017).**

***Screening of the applicants will be held after the application deadline. Notification will be sent by both email and mail to each applicant by May 31, 2017.**