## Japanese Language Program (JLP) Application Form for Admission-Fall 2024

Application Deadline: April 15, 2024
Please complete this form in English.

\*Handwritten forms (except signatures and items which are required to be handwritten) will NOT be accepted.

	Last(Family) First(Given)		Given)	Middle(Given)		
Name						
(Roman Alphabet)						
(					•••	
	*Please spell exactly the			1	4	
	Last(Family)	First(C	oiven)	Middle(Given)	-	
Name						
(カタカナ)	*This Katakana nama wi	Il ha ragista	od into the	VCIJES student system s	and any further changes	
	*This Katakana name will be registered into the KCUFS student system an will not be accepted.				ind any futther changes	
Sex	☐ Male [	∃Female				
	_ mare					
Nationality				Age		
	Year	Мо	nth	Day		
Date of Birth				-		
	Name of Unive	ersity/Colleg	e	Name of Faculty, Department or School		
Home						
University/College	Ma	jor		Minor		
Present Academic	Undergraduate	□1st Yea	r □2nd	Year □3rd Year	□4th Year	
Status	Graduate					
Academic Status as				□4th Year		
of September 2024	Graduate	□M1 □	JM2 □[	D1		
	Year			M	onth	
Expected Year and						
Month of	* If you are expected to graduate from your home university before or during your stay at					
Graduation	KCUFS, you are not eligible for this program.					
Proposed Period of					Semester (September – February)	
Study	as Dexchange student (tuition waived) Thee-paying student (tuition 267,900JPY/seme					
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First Language						
First Language	*The applicant's English proficiency should be equivalent to the following scores:					
	TOEFL iBT 60, IELTS 4.5 or CEFR B1					
	Applicants are requested to provide information if they have special needs					
	during their stay at KCUFS. This information will only be used to cater for such					
	needs.					
	☐ I do not have special needs					
Special Needs	a rad not have special needs					
				□Wheelchair/ □Dys	lexia/	
	☐ I have special needs ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			□Blind (Partly Sighted)		
				☐Deaf (Impaired Hearing)/		
				☐Mental Health Difficulties/		
				⊔Otner(	)	

	Co	ntact Information		
	Main Email address	*Please write an email	address you frequently c	heck
Email Address	Alternative Email			
Mailing Address	* KCUFS may use this ad Please provide a perma		documents. u can receive documen	ts from KCUFS.
	Address			
	Postal Code		Phone	
	Name			
	Relationship		Occupation	
Person to Contact in Emergency (Financial supporter)	Address			
	Postal Code		Phone	
	Email			
	Signature			
Passport Data	Passport Number		Issuing Authority	
	Date of Issue		Date of Expiration	
	e for my educational a e due date. I will imme	and living expenses d	uring my stay at KCUFS	S, and I agree to pay
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 with all other required documents by Email to the following address through your home university:

Kobe City University of Foreign Studies

International Office

Email: JLP@office.kobe-cufs.ac.jp (Inquiries welcome)

\*Your application must be received no later than April 15, 2024 (in order to be eligible for the Fall semester, 2024).

\*Screening of the applicants will take place after the application deadline. Notifications will be sent by email to each applicant by the end of May, 2024.

Questionnaire on Applicant's Japanese Language Background

Experience of Japanese Language Study					
	Total Study Period			Hours in Total	
	years and months		hours		
		Perio	od		
Name of Institution (Country/City)	Type of Study	From YYYY	MM	Hours per Week	Textbooks Used
		To YYYY	MM		
	☐ University ☐ Language School ☐ Self-study ☐ University				
	☐ Language School ☐ Self-study				
	□University □Language School □Self-study				
	University Language School Self-study				
	Level	Total Score Date Taken (YYYY/MM)		(YYY/MM/DD)	
Japanese-Language Proficiency Test (JLPT)	*Please attach a copy	of the certific	ate		
	поазе апаст а сору	Of the confine	aio.		
Do you accept that in KCUFS's JLP there is no lower elementary level course (corresponding approximately to the JLPT N5 level). (Therefore, we will not be able to accept applicants who are considered to be at this level.)					
Have you ever faced any difficulties during your Japanese classes in the past? If so, please write in detail.					
Do you have any pa when running the cl	· · · · · · · · · · · · · · · · · · ·	-		e us to give special o	consideration
Do you have any worries or concerns about living and studying in Japan? If so, please explain in detail.					please explain

Please answer the following questions:  Why do you want to participate in this program? What are your interests in Japanese culture and language? What do you expect from this program?  Please handwrite in Japanese. You don't need to be afraid of making mistakes in Japanese.