Japanese Language Program (JLP) Application Form for Admission-Fall 2025

Application Deadline: April 15, 2025
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)		Middle(Given)			
Name						
(Roman Alphabet)						
(
	*Please spell exactly the				``	
	Last(Family)	First(G	iven)	Middle(Giv	en)	
Name						
(カタカナ)	*This Katakana name wi	ll he register	ed into the	KCHES student s	ıstem ar	nd any further changes
	*This Katakana name will be registered into the KCUFS student system an will not be accepted.				id arry further chariges	
Sex	☐ Male [∃Female				
Mationality						
Nationality				Age		
	Year	Мо	nth	Day		
Date of Birth						
	Name of Unive	ersity/Colleg	е	Name of Faculty, Department or School		
Home						
University/College	Ma	jor			Mir	nor
Present Academic	Undergraduate	□1st Yea			Year	□4th Year
Status	Graduate					
Academic Status as	Undergraduate	□1st Yea	r □2nc	I Year □3rd	Year	□4th Year
of September 2025	Graduate		M2 □	D1 □D2 [□ D3	
Expected Year and	Year Month					
Month of						
Graduation	* If you are expected to graduate from your home university before or during your stay at					
- Gradidation	KCUFS, you are not eligible for this program.					
Proposed Period of	F ☐1 Semester ☐2 Semesters **Spring Semester (April – July/August), Fall Semester (September – Febru				emester (September – February)	
Study	as Dexchange student (tuition waived) Difee-paying student (tuition 267,900JPY/semester)					
First Language	guage					
	*The applicant's English proficiency should be equivalent to the following scores: TOEFL iBT 60, IELTS 4.5 or CEFR B1					
	Ampliaanta ara raa	osto d to	provide	information if	+ la a v . la	
	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.					
	neeus.					
Special Needs	☐ I do not have spe	have special needs				
special needs					/ 	d - /
				□Wheelchair/	-	
	☐ I have special needs ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			☐Blind (Partly Sighted) ☐Deaf (Impaired Hearing)/		
					ובט ויבי	alliu)/
	I Thave special ne	eeus		☐Mental Heal		•
	Thave special ne	eeus				•

Contact Information

	C	miaci iniormalio	OH .	
Email Address	Main Email address	*Please write an email	address you frequently o	check
Email / Idai ess	Alternative Email Address			
Mailing Address	* KCUFS may use this ad Please provide a perma		t documents. ou can receive documen	ats from KCUFS.
	Address			
	Postal Code		Phone	
Person to Contact in Emergency (Financial supporter)	Name			
	Relationship		Occupation	
	Address			
	Postal Code		Phone	
	Email			
	Signature			
Passport Data	Passport Number		Issuing Authority	
	Date of Issue		Date of Expiration	
I hereby declare all inf	formation in the applic	Declaration ation form and docu	mentation provided to	o be true. I am

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 Ad	visor or Academi	c Advisor at Home	e 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, 2025 (in order to be eligible for the Fall semester, 2025).

*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, 2025.

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 S	core	Date Taken (YYYY/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 wo in detail.	orries or concerns a	bout living	and stud	ying in Japan? If so,	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.