

# Application for Cross-Cultural College CP Core Courses

**Note:** Information provided on this form will be used for CCC administrative purposes only and be held strictly confidential. Kwansei Gakuin University will take full responsibility for the storage and disposal of this data.

## Personal Information

Program Choice :	<input type="text"/>			<div>Photo</div> <div>3 cm x 4 cm full-face taken within the last 3 months</div>		
Home University :						
Faculty :	<input type="text"/>					
Year (Standing) :	<input type="text"/>	(as of 30th June 2023)				
Major(s) :	<input type="text"/>					
Legal Name in Alphabet:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Last/Family	First	Middle	Preferred		
Legal Name in <i>Kanji</i> , if Applicable:	<input type="text"/>	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			
	Last	First				
Nationality:	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	Birthplace:	<input type="text"/>
	Country of Citizenship (Passport)	Day	Month	Year	City, Country	
Present Mailing Address:	<input type="text"/>				<input type="text"/>	
	Include Your Full Address				Country	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address Effective Until:	<input type="text"/>	<input type="text"/>
	Postal Code/ZIP	Tel (mobile)	Fax	Day	Month	Year
E-mail (University):	<input type="text"/>	@	<input type="text"/>			
E-mail (Alternate):	<input type="text"/>	@	<input type="text"/>			

\*Please check your university e-mail account regularly, as KGU will send all the necessary information to this e-mail address.

Permanent Address:	<input type="text"/>			<input type="text"/>
	Include Your Full Address			Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Postal Code/ZIP	Tel	Fax	

## Emergency Contact Person

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>	Tel (Home):	<input type="text"/>
Tel (Mobile):	<input type="text"/>	Fax:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>				<input type="text"/>
	Include Full Address				Country
	<input type="text"/>				
	Postal Code/ZIP				

Yes ☐ No ☐

**Dietary Restrictions?** Fill in details when the answer is "Yes".

**Medical History** / Please feel free to list any other important information here.

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## Language Abilities

Please rate your language skills.

My spoken English level is      Native      Advance ☐      Intermediate  
My written English level is      Native      Advance ☐      Intermediate ☐

History of Japanese Study      Yes      No

Fill in details when if answer is "Yes".

Do you speak any other languages?      Yes ☐      No ☐

If yes, what language do you speak and to what extend? (Native, Advance, Intermediate, Beginner)

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## Statement of Intent

What is your goal in this CCC program? How do you like to utilize this experience when you finish the program?

What failures have you experienced as a university student, and what lessons did you learn from them?

Why do you wish to participate in a collaboration program with the Canadian/Japanese university?

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I certify that to the best of my knowledge, all statements herein and all supporting documents are correct, complete, and my own.

Signature:

Date :

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