

Application Form 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 :				Photo 3 cm x 4 cm full-face taken within the last 3 months
HomeUniversity:				
Faculty (School):				
Year (Standing) :		(as of 31 January 2024)		
Major (s) :		Minor (s) :		
Legal Name in Alphabet:				
	Last/Family	First	Middle	Preferred
Legal Name in <i>Kanji</i> , if Applicable:				Sex: Male ☐ Female ☐
	Last	First		
Nationality:		Date of Birth:		Birthplace:
	Country of Citizenship (Passport)	Day	Month	Year
Present Mailing Address:				
	Include Your Full Address			Country
	Postal Code/ZIP	Tel (mobile)	Fax	Above address Effective Until (if applicable):
				Day
				Month
				Year
E-mail (University):		@		
E-mail (Alternate):		@		

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

Permanent Address:				
	Include Your Full Address			Country
	Postal Code/ZIP	Tel	Fax	

Emergency Contact Person

Full Name:		Relationship:		Tel (Home):	
Tel (Mobile):		Fax:		E-mail:	
Address:					
	Include Full Address			Country	
	Postal Code/ZIP				

Dietary Restrictions?

Yes ☐ No ☐

Fill in details when the answer is "Yes".

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Medical History / Please feel free to list any other important information here. (ex. pre-existing disorder, allergy, special attention)

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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)

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?

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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