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

Application Deadline: October 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 University/College		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 \square exchange student (tuition waived) \square fee-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	The first flave special fleeds					
				□Wheelchair/ □Dys	lexia/	
	□ I have special needs □ I have special needs □ Deaf (Impaired Hearing)/ □ Mental Health Difficulties/ □ Other(, ,		
)		

Contact Information

	Co	intact information	on		
Email Address	Main Email address	*Please write an email	address you frequently c	heck	
	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 (Financial supporter)	Name				
	Relationship		Occupation		
	Address				
	Postal Code		Phone		
	Email				
	Signature				
Passport Data	Passport Number		Issuing Authority		
	Date of Issue		Date of Expiration		
l hereby declare all inf	formation in the applic	Declaration	mentation provided to	he true Lam	

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 October 15, 2024 (in order to be eligible for the Spring 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 November, 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 S	Total Score Date Taken (YYYY/MM/DD		(YYY/MM/DD)
Japanese-Language Proficiency Test (JLPT)	*Please attach a copy	of the certific	ate		
	поазе апаста 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.