

Contact Information

Email Address	Main Email address	*Please write an email address you frequently check		
	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	

Declaration

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 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 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	
Name of Institution (Country/City)	Type of Study	Period		Hours per Week	Textbooks Used
		From YYYY	MM		
		To YYYY	MM		
	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study				
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	<input type="checkbox"/> University <input type="checkbox"/> Language School <input type="checkbox"/> Self-study				

	Level	Total Score	Date Taken (YYYY/MM/DD)
Japanese-Language Proficiency Test (JLPT)			
*Please attach a copy of the certificate.			

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.)**

Yes No

Have you ever faced any difficulties during your Japanese classes in the past? If so, please write in detail.

Do you have any particular preferences that you would like us to give special consideration when running the class? If so, please explain in detail.

Do you have any worries or concerns about living and studying in Japan? If so, please explain in detail.

