



## KOBE UNIVERSITY APPLICATION FORM

### PERSONAL DATA

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Name :

(First)

(Middle)

(Family)

Date of birth (Y/M/D) :

Nationality :

Sex :  Female  Male

Address

Present address :

PHOTO

Telephone number :

Facsimile number :

E-mail address :

Special conditions :  Handicapped  Non handicapped

Please specify :

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### EDUCATIONAL BACKGROUND

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Area of study at your home university :

Enrollment date (Y/M/D) :

Expected date of graduation :

Expected graduation degree :

Years of academic study completed before arrival :

Please list below the courses you have taken at your university :

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(For our academic records · attach an original copy of your academic transcript indicating subjects · grades and awards.)

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Work experience (if relevant) :

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LANGUAGE COMPETENCE

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Japanese :

Reading Excellent  Good  Poor

Writing Excellent  Good  Poor

Speaking Excellent  Good  Poor

Other language :

English Excellent  Good  Poor

\_\_\_\_\_ Excellent  Good  Poor

\_\_\_\_\_ Excellent  Good  Poor

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**Japanese-Language Proficiency Test (JLPT)**

**Level:**

**Score:**

**Date Taken:**

DURATION OF STUDY

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FALL SEMESTER (OCTOBER 20      TO MARCH 20      )

SPRING SEMESTER (APRIL 20      TO SEPTEMBER 20      )

PREFERRED FACULTY OR GRADUATE SCHOOL

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INTENDED DEPARTMENT OR ACADEMIC AREA OF INTEREST

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1. \_\_\_\_\_

2. \_\_\_\_\_

ACCOMODATION :Would you like us to book the University Residence?

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YES  
 NO

※We can provide the University Residence only for the student-visa holder.



SELF-INTRODUCTORY ESSAY IN JAPANESE

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(400~800 characters long)

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I certify that the above information is true and correct.

Signature :

Date :

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I confirm that the above student has been selected for the exchange programme by this faculty.

Name :

Position :

Department :

Tel :

Fax :

E-mail :

Signature :

Date :

# HEALTH CERTIFICATE

(To Kobe University)

Please fill in the form in block letter.

Applicant's Name: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_

M

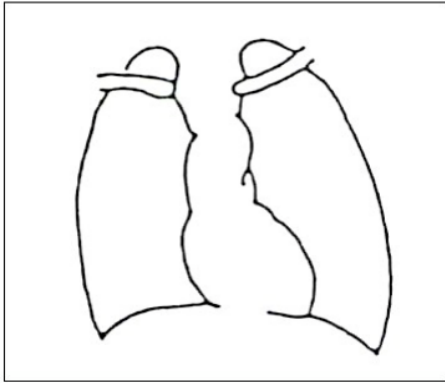
Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1 Visual acuity: (Right)  Normal  Abnormal (Left)  Normal  Abnormal  
Hearing: (Right)  Normal  Abnormal (Left)  Normal  Abnormal

2 Applicant's history of disease, if any:

3 Physical examination of applicant's lungs and the result of chest X-ray with its date (If you find any abnormal sign, please describe it in detail).



4 The applicant's present health and physical condition (Please put a tick in the following box, and if you find any disease or handicap, please describe it in detail).  
 Excellent  Good  Fair  Poor

Please print or stamp clearly except signature.

Date

:

Signature

:

Name of

Physician

:

Institution

:

Address of the Institution :