

**HOSEI UNIVERSITY Japan-Asia Youth Exchange Program in SCIENCE**

**APPLICATION FORM**

Attach recently

taken identity

photograph

4.5cm×3.5cm

**School name** ( )

Should be typed or filled in with block letters

**Student Personal Information**

|  |  |  |
| --- | --- | --- |
| Family Name/Surname | Given Name | SEX (circle) |
|  |  | M F |
| Date of Birth(yyyy/mm/dd) | E-mail | Passport No. |
|  |  |  |
| Current　Residential　Address (postal Code ) |
| ( ) |
| English Language Proficiency (if you have taken it) |
| TOEFL / TOEIC / IELTS / OTHER Score: Year:  |
| Major |
|  |
| Research interests |
|  |
| Vision for your future |
|  |

Please attach the Photo-copy of Passport（the page which your photo and passport number are included）. Please let me know if you cannot submit it for any reason.

**Parents or Guardian’s Information**

|  |  |  |
| --- | --- | --- |
| Family Name/Surname | Given Name | Date of Birth(yyyy/mm/dd) |
|  |  |  |
| Home Phone | Mobile Phone | E-mail |
|  |  |  |
| Current　Residential　Address (if different from student) |
| ( ) |

**Student Medical Information**

|  |
| --- |
| Indicate any medical conditions be aware of |
|  |
| Specify medication taken |
|  |
| Specify any allergies |
|  |
| Specify any dietary requirements |
|  |

**Rules and Regulation**

1 Follow the schedule and programs arranged by Hosei University.

2 Illegal substances, smoking, alcohol, gambling are not permitted in any circumstances.

**Guardian Authorization**

I acknowledge that this application form has been filled out accurately and truthfully.

I have read the program schedules in Hosei University Japan-Asia Youth Exchange Program in Science brochure and permit my child to participate in all activities.

I authorize Hosei University to use any photographs of my child taken during this program.

I, as the guardian of the named student, have read and agree to all terms on this application form.

Guardian Signature Date of Application