

Personal Information Sheet

If you fill out this Personal Information Sheet, data will be copied to all the documents.

Your information

Full Name _____
Last First Middle

カタカナ _____
Last First Middle

University / College Attending _____

Major _____

Date of Birth _____ YYYY-MM-DD

Age (as of September 1st 2024) ____

Nationality _____ Place of Birth _____

E-mail Address _____

Phone Number _____

Address _____

Parent's Information

Full Name _____
Last First Middle

Relationship _____

Address _____

Tel _____

E-mail _____

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2024
Application Form

1. Personal Information

Full Name (As seen in your passport)

_____ , _____
Last First Middle

_____ , _____
Last First Middle

Date of Birth _____ **Age** _____ (as of September 1st, 2024)

Nationality _____ **Place of Birth** _____ **Marital Status**
 Married Single

University/ College Currently Attending _____ **Major** _____

Year / Month of expected graduation _____

E-mail Address _____

Phone Number _____

Address

Name and Address of Your Parent / Guardian to Contact in Case of Emergency

Full Name _____ , _____ **Relationship** _____
Last First Middle

E-mail Address _____

Address _____

(Tel: _____)

2. Educational Background (Note: Please write all the schools attended in chronological order)

	Name of School	Location	Period of Attendance	Year(s)/ Month(s)
Elementary School			_____ , _____ to _____ , _____ Year Month Year Month	Year(s)/ Month(s)
Junior High School			_____ , _____ to _____ , _____ Year Month Year Month	Year(s)/ Month(s)
Senior High School			_____ , _____ to _____ , _____ Year Month Year Month	Year(s)/ Month(s)
College or University			_____ , _____ to _____ , _____ Year Month Year Month	Year(s)/ Month(s)
			_____ , _____ to _____ , _____ Year Month Year Month	Year(s)/ Month(s)

3. English Qualifications

- Native English speaker
- B2 level of English on the CEFR (Common European Framework of Reference for Languages) or equivalent.

*If you have taken a language examination for English, please submit a copy of your score(s).

4. Accommodation Options

Which type of accommodation do you prefer? Please check one box only.

- Homestay
- Off-campus dormitory (Mukaijima Gakusei Center - Single Room)
- No preference

Every effort will be made to accommodate your request. However please note that in some cases, you may be offered accommodation for which you did not request.

5. Personal Questions

[1] Do you have any allergies? Yes No

If yes, please describe in detail. (e.g. Allergies to foods, drugs, or plants, etc.)

[2] Do you have any diet restriction? Yes No

If yes, please describe in detail. (e.g. Vegetarian, Vegan, Kosher, Food allergies, etc)

[3] Do you have any disease or physical disabilities? Yes No

If yes, please describe in detail. (e.g. Diabetes, Celiac disease, Chronic ailment, etc)

[4] Do you smoke? Yes No

6. Passport and Visa Information

■ Passport Information

Do you already have your passport? Yes No

*If yes, please fill out below blanks. If no, please send us a copy of your passport as soon as you get one.

Passport Number _____ Date of Issue _____

Issuing Authority _____ Date of Expiration _____

Past entry into/stay in Japan Yes No

*Fill in the followings when the answer is "Yes"

How many _____ time(s) Latest Entry _____ to _____

■ Visa Information

Place to Apply for Student Visa in your country

(The nearest Japanese embassy/consulate general) _____

7. Others

(Note: Please fill in all the following items required to obtain your Certificate of Eligibility issued by the Ministry of Justice, Immigration Bureau.)

■ Supporter (Name and address of the person who will be financially responsible for you during your study at DWCLA)

Full Name _____
Last First Middle

Address _____ (Tel: _____)

Occupation (Place of employment) _____ (Tel: _____)

Annual income _____ Yen

■ Family in Japan (Father, Mother, Spouse, Children, Siblings, Grandparents, Uncle, Aunt, or others) or co-residents

Yes No

※If “Yes”, please fill in your family members in Japan and co-residents in the following columns.

Relationship	Full Name	Date of birth	Nationality Region	Intended to reside with applicant or not	Place of employment/school	Residence Card number/ Special Permanent Resident Certificate number
				Yes · No		
				Yes · No		
				Yes · No		

■ Accompanying persons, if any (Are you going to enter Japan with any other accompanying persons?)

Yes No

■ Criminal Record (in Japan / overseas) including dispositions due to traffic violations, etc.

Yes (Details: _____) / No

■ Departure by deportation / departure order Yes No

*Fill in the followings if your answer is “YES”

How many _____ time(s)

The latest departure by deportation _____

■ Past history of applying for a certificate of eligibility Yes No

*Fill in the followings if your answer is " YES "

How many _____ time(s)

(Of these applications, the number of times of non-issuance) _____ time(s)

I hereby declare all statements contained in this application to be true and correct.

Name (print) _____

Date _____ Signature of Applicant _____