Personal Information Sheet

If you fill out this Personal Information Sheet, data will be copied to all the documents. Enter information, print it out and fill out the rest of the part clearly in black ink.

Your information	1		
Full Name	Last	First	Middle
フリガナ			
<i></i>	Last	First	Middle
University / Colle	ege Attending		
Major			
Date of Birth _	Month	——————————————————————————————————————	Year
Age (as of April 1st 2		Day	ieai
Nationality			
Place of Birth			
E-mail Address			
Permanent Addre	ess		
Tel			
Fax			
Present Address			
Tel			
Parent's Informat	tion		
Full Name			
	Last	First	Middle
Address			Relationship
Tel			
Fax			

Application Checklist

 $\underline{Please\ submit\ this\ Checklist\ with\ the\ other\ parts\ of\ your\ Application\ listed\ below.}$

	(English)					
Full Name	e		,	/		
(as seen in your passp		First	Middle	Last	First	Middle
University /	College Currently Atte	nding				
						Check
1.	Completed Appl	lication Form				
2.	Statement of Pu	urpose (See Q4	1 in the Applica	tion Form)		
3.	Certificate of He	ealth				
4.	Japanese Langu	age Inquiry				
5.	Letter of Recom	mendation				
6.	Official transcri	pt from Home	e Institution			
7.	A copy of your p *If you don't have a					
8.	Homestay Place	ement Questio	onnaire			
9.	A brief letter int	roducing you	rself (for host	family)		
10.	A snapshot of yo	ourself (for h	ost family)			
11.	2 clear color ID	photographs ((4 cm x 3 cm /1.	6 inches x 1.2 i	inches)	

Application Form

O This form should be typed, or printed clearly in black ink.

Color Photograph

*4.0 × 3.0cm (1.6 x 1.2 inches)

*No background *Taken within the last

E

1. Personal Inform	mation							3 months
(Engl	lish)			(カタカナ))			DO NOT STAPI
Full Name				/				_
As seen in your passport)	Last	First	Middle	L	ast	First	Middle	
Date of Birth _		_,	,	Age		(as of April 1s	t, 2023)	
	Month	Day	Year					
Nationality		Place	of Birth			Marital Statu	ıs	
					_	\square Married	\square Single	
University / Colle	ege Currei	ntly Attending				Major		
E-mail Address							(Tel:)
							(Fax:	<u>)</u>
Present Address							(Tel:)
							(Fax:)
Mailing Address	□Perm	anent □Pre	sent □Other	r (Please sp	ecify a	ddress and p	period below)	
(from/	until 🗆	Jyour departur	re for Japan O	R 🗆 /)		(Tel:)
							(Fax:)
Name and Addre	ss of Your	Parent / Guar	dian to Contact	in Case of E	mergen	nev.		
Full Name				in case of in	incigon	•	.tion.ahin	
гии мате	Last		First		Mi	Kela ddle	tionship	
Address	Last		1 11 30		1/11/	uuic	(Tel:)
							(Fax:)

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			Year Month Year Month	
Junior High School			Year Month Year Month	
Senior High School			Year Month Year Month	
College or			Year Month to Year Month	
University			Year Month Year Month	

3. Term Options Please check off the term for which you would like to apply. □Term A (4 weeks) □Term B (4 weeks) □Term A and B (9 weeks)
4. Statement of Purpose On a separate sheet, please explain why you wish to study Japanese, how this study relates to your future academic interests or career goals, and why it is important at this point in your study to attend 'The Japanese Language Immersion Course' at Doshisha Women's College of Liberal Arts. Please type and attach to this form.
5. Accommodation Options
Which type of accommodation do you prefer? Please check one box only.
☐ Homestay
☐ 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.
6. Passport and Visa Information (The information in following questions are required by the Immigration Authorities.) ■ Passport Information
Do you already have your passport? $\Box Yes \Box No$
*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
*Fill in the followings when the answer is "Yes"
How many time(s) Latest Entry, to,,
Month Day Year Month Day Year
■ Visa Information (If a visa is required) Place to Apply for Student Visa in your country (The nearest Japanese embassy/consulate general)
I hereby declare all statements contained in this application to be true and correct. Name (print) Date/ Signature of Applicant

Month

Year

Doshisha Women's College of Liberal Arts Japanese Language Immersion Course 2023 **Certificate of Health**

Name of applicant			Sex	Date of birth			Age
	,	,	F	,	,		
Last	First	Middle		Month	Day	Year	
Nationality		Present address					
			Physical exa	amination			
Height		cm					
			1				
Weight		kg	Findings				
Vision Without gla	sses (Corrected	-				
Right	(_)					
Left	()					
			Previous illr	ness			
Color vision							
Hearing							
Right	Left		_				
Blood pressure							
Chest X-ray (if avail	able) Findings		Pomorka (i	if the applicant	ia aumontly	taking modi	aino on
			undergoing	medical treatment,	please explain)	taking meu	cine or
Urinalysis							
Protein	Sugar	Microscopic					
General state of phy	sical condition						
	Excellent	Good		Fair	Poor		
Date of report							
Mor	ith ,	Day	Year	_			
Signature	of physician						
Name (typ	e or print)						
	e or print/						
Name and address of medical	facility						

Japanese Language Inquiry

*In	order	to provid	e you	with	the	most	effective	Japanese	Language	Course,	the	Japane	ese
te	achers	need the	follov	wing i	nfo	rmati	on.						

Full Name		University/Col	lege				
I . Previous Japanese Lar	nguage Study						
Institution	Location	Peri	Period of Attendance				
		year month	to _	/ year month			
		year month	to _	/ year month			
		year month	_ to _	year month			
*JLPT is administered by Japan Have you ever taken *If yes, please descri *If you have the offic III. Information on your cu - How many student - How many class ho - How many class ho - What is the name of - How long does it to - Do you have any of	the Japanese Lar ibe your level. cial score sheet, p urrent Japanese lang s are in your class ours per week? ours in total so far of the main textbo ve you covered so ake to cover one le	lease submit a copy guage class s?	Test?	oan Foundation outside Jap	an.		

^{*}Please answer the following questions as accurately as possible.

IV. Your current level of Japanese (Please check ☑ all applicable answers) - I can speak □ a few words --- You can hardly speak Japanese. □ on very limited everyday topics --- You can exchange greetings and introduce yourself in Japanese. □ on limited everyday topics --- You can manage to communicate with Japanese people in Japanese. □ on usual everyday topics --- You can participate in everyday conversation in Japanese. □ on every topic and current topics --- You can speak Japanese fluently. - I can write □no Japanese (How many? ···· □ few \square most \square all) □only hiragana (How many? ···· □ few \square all) \square most □hiragana and katakana) (How many? -----□a few kanji (How many? -----) □everyday kanji ☐ the kanji in newspapers - I can read □no Japanese (How many? ···· □ few □all) \square most □only hiragana (How many? ···· □ few \square most \square all) □hiragana and katakana (How many? -----) □a few kanji) (How many? -----□everyday kanji ☐ the kanji in newspapers I can understand □a few words ···You can hardly understand Japanese. □ on very limited everyday topics · · · You can exchange greetings and introduce yourself in Japanese □ on limited everyday topics \cdots You can manage to communicate with Japanese people in Japanese. \square only if the person speaks slowly \square even if the person speaks normally □on usual everyday topics ···You can participate in everyday conversation in Japanese. □only if the person speaks slowly □ even if the person speaks normally □on every topic and current ··· You can understand Japanese completely. topics

V. Have you ever participated in any special activities relating to Japan? If yes, please describe it.

(e.g. Tutor for the Japanese students/ Experiences of Japanese culture/ etc.)

LETTER OF RECOMMENDATION

Applicants who wish to apply for the Japanese Language Immersion Course must submit this letter of recommendation form with comments by a faculty member of their home institution.

Name of Applicant:	
University/College:	
Name:	Institution:
Title:	E-mail:
Date:	Signature:

Homestay Placement Questionnaire

*This form should be typed, or printed in black ink clearly.

*Please enclose a snapshot of yourself, and a brief letter introducing yourself. They will be sent to your host family.

I . Personal Informatio	n					
(English)				(カタカナ)		
Full Name	, Pinot	M: 1.11-	/	, Tit	M: J.II.	
s seen in your passport) La	ast First	Middle	Last	First	Middle	
Date of Birth	,		Age	(as of April 1	1st, 2023)	
Mon	th Day	Year				
Nationality	Place	e of Birth		Marital Sta □Married		
University / College (Currently Attending	5		Major		
E-mail Address						_
Name and Address of	f Your Parent / Guai	rdian to Contact	in Case of Em		elationship	
·	Last	First		Middle		
Address					(Tel:	
					(Fax:	
I . Personal Questions						
[1]Do you have an	v allergies?			□Y€	es □No	
=	escribe in detail. (e.g. Allergies to	o foods, drugs			
[2]Do you have an	y diet restriction? lescribe in detail.		n Vegan Ko	Y⊡ Sher Food allers		
ii yes, picase e	reseribe in actain.	(c.g. vegetaria	ii, vegaii, ixo	siici, i ood aneig	5105, 000/	
[3]Do you have an	y disease or phys	ical disabilities	s?		Yes \square No	
If yes, please d	lescribe in detail.	(e.g. Diabetes,	Celiac diseas	e, Chronic ailme	ent, etc)	
[4]Do you drink?	=		=]Yes □No	
If yes, please o	lescribe in detail.	te.g. I drink occ	casionally., I o	drınk a lot, etc)		

^{*}The information you provide on this form will be used in placing you in the most suitable host family for you. We would appreciate your frank and honest answers. If there is any change in the information you provided, please inform us immediately.

[5]Do you smoke?	$\square \mathrm{Yes}$	\square No
If yes, could you live in a house where you aren't allowed to smoke?	$\square Yes$	\square No
If no, which of the following best describes your tolerance of others' smok	ing?	
() Because of an allergy, I absolutely cannot tolerate smoking	g by other	rs in the same house.
() I cannot tolerate smoking by others in the same room.		
() I would prefer to live with a non-smoking family, but I am	willing to	put up with smoking.
() Smoking by others doesn't bother me.	O	
, , , , , , , , , , , , , , , , , , ,		
[6]What kind of food do you like, or usually eat at home?		
[7] What kind of food do you dislike, or never eat at home?		
[8]What kind of JAPANESE food do you like?		
[9]What kind of JAPANESE food do you dislike, or can you not eat?		
Your host family will be greatly concerned about what you can and cannot eat. Althoughout to Japanese food, we also realize that there may be some things that you the foods that you cannot eat and describe the reason.		
[10] If your host family cannot prepare the kind of meals you would like, wo	uld you be	e willing to cook for yourself?
[11]Do you have any pets? If yes, please describe in detail. (e.g. 2 dogs, Chihuahua and Golden retr	□Yes riever)	□No
[12]Do you mind living with indoor pets? If yes, please describe in detail. (e.g. I prefer cats., As long as they are sn	□Yes nall., etc)	□No
[14]Do you mind living with small children?	□Yes	□No
[15] Have you ever experienced a homestay before? If yes, please describe in detail. (e.g. Which country? When? How long?)	□Yes	□No
[16] Have you ever lived/stayed in Japan before? If yes, please describe in detail. (e.g. When? How long? For what purpos	□Yes e?)	□No
[17] Have you ever visited any Asian countries besides Japan before? If yes, please describe in detail. (e.g. Which country? When? How long?	□Yes For what	□No purpose?)

Friendly Shy	□Outgoing				characteristics bel	10 11 011000 1	APP-5 00	you.
		\square Energetic	□Talkative	\Box Active	□Extroverted	□Inde	pendent	□Popular
	\square Reserved	□Dull	\square Quiet	□Serious	\Box Introverted	□Depe	endent	□Punctual
∃Geeky	□Easy-going	\square Humble	\Box Lazy	□Considerate	□Organized	□Curi	ous	\square Nerdy
□Obedient	□Mysterious	□Creative	□Funny	□Inconsiderate	□Disorganized	□Relig	gious	□Sensitive
Sensible	□Belligerent	\Box Crazy	□Sociable	□Amiable	\Box Depressed		ressive	
*Other cha	racteristics							
(100)Dl 1		ا مده بالنو	الدواوون والما		h d .:			
(20)Flease u	escribe your fai	miy members	below, includi	ng married brot	hers and sisters.			
F	ull Name	Rel	ationship	Age	Occupation		Live	together or not
I hereby de	eclare all the s	tatements co	ontained in t	this application	n to be true and c	orrect.		
Name (print))							
Date		,	,					
	Month	I	Day	Year				
Signature o								