

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.

Full Name _____
 Last First Middle

フリガナ _____ _____ _____
Last First Middle

Major

Date of Birth _____
 Month Day Year

Nationality

Place of Birth

E-mail Address

Permanent Address

Tel _____

Fax

Present Address

Tel _____

Fax

Full Name _____

 Last First Middle

Address	Relationship
---------	--------------

Tel

Fax

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023
Application Checklist

Please submit this Checklist with the other application documents listed below.

(English)

(カタカナ)

Full Name _____ , _____ / _____ , _____
(as seen in your passport) Last First Middle Last First Middle

University / College Currently Attending _____

	Check <input checked="" type="checkbox"/>
1. Completed Application Form	
2. Statement of Purpose	
3. Certificate of Health	
4. Japanese Language Inquiry	
5. Letter of Recommendation	
6. Official transcript from Home Institution	
7. A copy of your passport (the page on which your name and photo appear) <i>*If you don't have a passport yet, please send it to us as soon as you get one.</i>	
8. Homestay Placement Questionnaire	
9. A brief letter introducing yourself (for host family)	
10. A snapshot of yourself (for host family)	
11. 4 clear color ID photographs (4 cm x 3 cm / 1.6 inches x 1.2 inches)	

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023
Application Form

Color Photograph

*4.0 × 3.0cm
(1.6 x 1.2 inches)

*No background

*Taken within the last
3 months

DO NOT STAPLE

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

1. Personal Information

(English) (カタカナ)

Full Name _____
(As seen in your passport) Last First Middle / Last First Middle

Date of Birth _____ **Age** _____ (as of September 1st, 2023)
Month Day Year

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

University / College Currently Attending _____ **Major** _____ **Year / Month of expected graduation**
Year Month

E-mail Address _____

Permanent Address (Tel: _____)
(Fax: _____)

Present Address (Tel: _____)
(Fax: _____)

Mailing Address ☐ Permanent ☐ Present ☐ Other (Please specify address and period below)
(from _____ / _____ until ☐ your departure for Japan OR ☐ _____ / _____) (Tel: _____)
(Fax: _____)

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

Full Name _____ **Relationship** _____
Last First Middle
Address (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			_____ to _____ Year Month Year Month	
Junior High School			_____ to _____ Year Month Year Month	
Senior High School			_____ to _____ Year Month Year Month	
College or University			_____ to _____ Year Month Year Month	
			_____ to _____ Year Month Year Month	

3. 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 Studies Program' at Doshisha Women's College of Liberal Arts. **Please type and attach to this form.**

4. 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.

5. 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).

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 _____
Month Day Year Month Day Year

■ 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 _____ (Phone _____)

Occupation (Place of employment) _____ (Phone _____)

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 _____
Month Day Year

■ **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 _____
Month Day Year

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023

Certificate of Health

Name of applicant			Sex	Date of birth	Age
<div>Last</div> <div>First</div> <div>Middle</div>			F	<div>Month</div> <div>Day</div> <div>Year</div>	
Nationality		Present address			
Height_____ cm		Physical examination			
Weight _____ kg					
Vision					
Without glasses		Corrected		Findings	
Right_____ (_____)					
Left_____ (_____)					
Color vision					
Hearing		Previous illness			
Right_____ Left _____					
Blood pressure					
_____ / _____ mmHg					
Chest X-ray (if available)		Findings		Remarks (if the applicant is currently taking medicine or undergoing medical treatment, please explain)	
Urinalysis					
Protein		Sugar		Microscopic	
_____		_____		_____	
General state of physical condition					
Excellent		Good		Fair	
				Poor	
Date of report					
<div>Month</div> <div>Day</div> <div>Year</div>					
Signature of physician _____					
Name (type or print) _____					
Name and address of medical facility _____					

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023

Japanese Language Inquiry

*In order to provide you with the most effective Japanese Language Course, the Japanese teachers need the following information.

*Please answer the following questions as accurately as possible.

Full Name _____ University/College _____

I . Previous Japanese Language Study

Institution	Location	Period of Attendance	Year(s)/ Month(s)
		<div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div> to <div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div>	
		<div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div> to <div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div>	
		<div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div> to <div style="display: flex; align-items: center; justify-content: space-between;"><div>_____ year month</div><div>/</div><div>_____ year month</div></div>	

II . Japanese Language Proficiency Test (JLPT)

*JLPT is administered by Japan Educational Exchanges and Services (JEES) in Japan, and by the Japan Foundation outside Japan.

Have you ever taken the Japanese Language Proficiency Test? ☐ Yes ☐ No

*If yes, please describe your level. _____

*If you have the official score sheet, please submit a copy of it.

III . Information on your current Japanese language class

-How many students are in your class? _____

-How many class hours per week? _____

-How many class hours in total so far? _____

-What is the name of the main textbook? _____

-How much of it have you covered so far? _____

-How long does it take to cover one lesson? _____

-Do you have any other materials besides the main textbook?

IV. Your current level of Japanese (Please check ☒ all applicable answers)

— I can speak

- | | |
|--|---|
| <input type="checkbox"/> a few words | --- You can hardly speak Japanese. |
| <input type="checkbox"/> on very limited everyday topics | --- You can exchange greetings and introduce yourself in Japanese. |
| <input type="checkbox"/> on limited everyday topics | --- You can manage to communicate with Japanese people in Japanese. |
| <input type="checkbox"/> on usual everyday topics | --- You can participate in everyday conversation in Japanese. |
| <input type="checkbox"/> on every topic and current topics | --- You can speak Japanese fluently. |

— I can write

- | | |
|--|--|
| <input type="checkbox"/> no Japanese | |
| <input type="checkbox"/> only hiragana | (How many? ----- <input type="checkbox"/> few <input type="checkbox"/> most <input type="checkbox"/> all) |
| <input type="checkbox"/> hiragana and katakana | (How many? ----- <input type="checkbox"/> few <input type="checkbox"/> most <input type="checkbox"/> all) |
| <input type="checkbox"/> a few kanji | (How many? -----) |
| <input type="checkbox"/> everyday kanji | (How many? -----) |
| <input type="checkbox"/> the kanji in newspapers | |

— I can read

- | | |
|--|--|
| <input type="checkbox"/> no Japanese | |
| <input type="checkbox"/> only hiragana | (How many? ----- <input type="checkbox"/> few <input type="checkbox"/> most <input type="checkbox"/> all) |
| <input type="checkbox"/> hiragana and katakana | (How many? ----- <input type="checkbox"/> few <input type="checkbox"/> most <input type="checkbox"/> all) |
| <input type="checkbox"/> a few kanji | (How many? -----) |
| <input type="checkbox"/> everyday kanji | (How many? -----) |
| <input type="checkbox"/> the kanji in newspapers | |

— I can understand

- | | |
|--|---|
| <input type="checkbox"/> a few words | --- You can hardly understand Japanese. |
| <input type="checkbox"/> on very limited everyday topics | --- You can exchange greetings and introduce yourself in Japanese |
| <input type="checkbox"/> on limited everyday topics | --- You can manage to communicate with Japanese people in Japanese.
<input type="checkbox"/> only if the person speaks slowly
<input type="checkbox"/> even if the person speaks normally |
| <input type="checkbox"/> on usual everyday topics | --- You can participate in everyday conversation in Japanese.
<input type="checkbox"/> only if the person speaks slowly
<input type="checkbox"/> even if the person speaks normally |
| <input type="checkbox"/> on every topic and current topics | --- You can understand Japanese completely. |

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.)

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023

LETTER OF RECOMMENDATION

Applicants who wish to apply for the Japanese Studies Program 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: _____

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2023
Homestay Placement Questionnaire

*This form should be printed clearly in black ink.

*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.

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

I . Personal Information

(English) (カタカナ)

Full Name _____
(As seen in your passport) Last First Middle Last First Middle

Date of Birth _____ **Age** _____ (as of September 1st, 2023)
Month Day Year

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

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

E-mail Address _____

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

Full Name _____ **Relationship** _____
Last First Middle
Address _____ (Tel: _____)
_____ (Fax: _____)

II . 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 drink? (The legal drinking age in Japan is 20 years old) ☐ Yes ☐ No
If yes, please describe in detail. (e.g. I drink occasionally., I drink a lot, etc)

[5] Do you smoke? ☐ Yes ☐ No

If yes, could you live in a house where you aren't allowed to smoke? ☐ Yes ☐ No

If no, which of the following best describes your tolerance of others' smoking?

- ☐ Because of an allergy, I absolutely cannot tolerate smoking by others 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.

[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. Although we are sure that you will make every effort to adjust to Japanese food, we also realize that there may be some things that you simply cannot eat. Please try to list all the foods that you cannot eat and describe the reason.

[10] If your host family cannot prepare the kind of meals you would like, would you be willing to cook for yourself?

[11] Do you have any pets? ☐ Yes ☐ No

If yes, please describe in detail. (e.g. 2 dogs, Chihuahua and Golden retriever)

[12] Do you mind living with indoor pets? ☐ Yes ☐ No

If yes, please describe in detail. (e.g. I prefer cats., As long as they are small., etc)

[14] Do you mind living with small children? ☐ Yes ☐ No

[15] Have you ever experienced a homestay before? ☐ Yes ☐ No

If yes, please describe in detail. (e.g. Which country? When? How long?)

[16] Have you ever lived/stayed in Japan before? ☐ Yes ☐ No

If yes, please describe in detail. (e.g. When? How long? For what purpose?)

[17] Have you ever visited any Asian countries besides Japan before? ☐ Yes ☐ No

If yes, please describe in detail. (e.g. Which country? When? How long? For what purpose?)

[18]Please list your special interests and hobbies:

[19]How would you describe your personality? Please check ☒ all the characteristics below that apply to you.

- ☐ Friendly ☐ Outgoing ☐ Energetic ☐ Talkative ☐ Active ☐ Extroverted ☐ Independent ☐ Popular
☐ Shy ☐ Reserved ☐ Dull ☐ Quiet ☐ Serious ☐ Introverted ☐ Dependent ☐ Punctual
☐ Geeky ☐ Easy-going ☐ Humble ☐ Lazy ☐ Considerate ☐ Organized ☐ Curious ☐ Nerdy
☐ Obedient ☐ Mysterious ☐ Creative ☐ Funny ☐ Inconsiderate ☐ Disorganized ☐ Religious ☐ Sensitive
☐ Sensible ☐ Belligerent ☐ Crazy ☐ Sociable ☐ Amiable ☐ Depressed ☐ Aggressive

*Other characteristics

[20]Please describe your family members below, including married brothers and sisters.

Full Name	Relationship	Age	Occupation	Live together or not

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

Name (print) _____

Date _____ , _____ , _____
Month Day Year

Signature of Applicant _____

*Please don't forget to enclose a snapshot of yourself, and a brief letter introducing yourself.