SUMMER APPLICATION PERSONAL INFORMATION Return by March 11, 2016



Name (Last, First) (Type or Print)		University or College Now Attending			
Mailing Address in English (PO Box or Street Number)		Permanent Address in English (PO Box or Street Number)			
(City, State)					(City, State)
(Country, Zip or Mailing Code)				(Country,	Zip or Mailing Code)
Tel ()			Tel ()		
Fax ()			Fax ()		
Email		Last date to be reached at school address		ddress	
Birthdate Birthpla	ce		Major Department		
Citizenship		Major Advisor			
Type Degree Granted	Date	OR	Type Degree Expected _		Date
Have you applied to the 2016-2017	10-Month Program?	P		YES	NO
If undergraduate or unaffiliated, have you applied to graduate school?		YES	NO		
If yes, please list schools:					
It will not be OCCUPATION: For any period not	oe included w/your f	final app	RESUME and/or CV. lication to the selection content of the selection content of the selection content of the selection of the selection). Please be bri		

ACADEMIC INFORMATION

COLLEGES OR UNIVERSITIES ATTENDED:

NAME OF INSTITUTION	FROM	ТО	TYPE DEGREE
	Month/Year	Month/Year	RCVD

LANGUAGE COURSES COMPLETED: Please list in order (1) spoken Japanese, (2) modern written Japanese, (3) literary (classical) Japanese. If no text was used, please describe materials.

NAME OF COURSE	TEXT	INSTITUTION (Indicate if Summer School)	YEAR AND # QTRS/SEM	CLASS SIZE

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FAMILIARITY WITH JAPAN: Have you ever traveled to Japan and if so, for how long and for what purpose?		
DO YOU HAVE any physical or mental conditions that might affect your participation in the Summer IUC Program? If so, please describe below.		
PURPOSE: What are your objectives in applying for the Inter-University Center Summer 2016 Program?		

HOUSING: What housing arrangements have you made or will you be making for Center Summer 2016 Program?	r the duration of the Inter-University
APPLICANT:	
Applicant's Signature	Date