

**APPLICATION
PERSONAL INFORMATION
DEADLINE: January 15, 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 _____

Birthdate _____ Birthplace _____ Major Department _____

Citizenship _____ Major Advisor _____

Type Degree Granted _____ Date _____ **OR** Type Degree Expected _____ Date _____

If undergraduate or unaffiliated, have you applied to graduate school? YES NO

If yes, please list schools:

Please attach a brief (2 page max) resume or CV.

OCCUPATION: For any period not covered by academic programs (except summer vacation). Please be brief.

COLLEGES OR UNIVERSITIES: Please list current enrollment as well as former enrollment, including any degrees pending or received.

NAME OF INSTITUTION	FROM Month/Year	TO Month/Year	TYPE OF DEGREE Anticipated/Rcvd

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

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

LANGUAGE BACKGROUND: Please describe your background and competence in languages other than Japanese.

ADVANCED DEGREE: If you are currently an advanced degree candidate, please list your dissertation topic (if known) or describe your research area as precisely as possible.

FAMILIARITY WITH JAPAN: Have you ever traveled to Japan? If so, when, for how long and for what purpose?

IF THE COMMITTEE should place the condition on your admission to the 10-Month Program that you take an advanced intensive course in Japanese during the summer, would you be willing and able to fulfill this condition?

DO YOU HAVE any physical or mental conditions that might affect your participation in the 10-Month IUC Program? If so, please describe below.

REFERENCES: Please list below the names of two faculty members able to assess your academic achievement and professional promise. In addition, please include the name of one language instructor or faculty member who can speak to your language ability in particular. All three references must be submitted before review of your application. Please submit your references using the downloadable forms.

(1)_(language reference) _____

(other references)

(2) _____ (3) _____

ACADEMIC ADVISOR: If currently enrolled in an academic institution, please have your official advisor sign the statement below:

I approve the submission of the above application to the Inter-University Center for Japanese Language Studies in Yokohama, Japan for the 2016-17 academic year.

Signature	/	Print Name	Date
Title			Institution

APPLICANT: I hereby attest that the information provided above is accurate and truthful to the best of my knowledge.

Applicant's Signature	Date
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