

明治大学経営学部 交換留学生志願者票

MEIJI University, School of Business Administration
 Exchange Student Program Application Form

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< Instructions >

1. Applications should be written in block letters.
2. Years should be written in using the Western Calendar.
3. Proper nouns should be written in full, and should not be abbreviated.
4. Check the appropriate boxes.

【経営学部への留学期間 Period of intended study at SBA Meiji】

<input type="checkbox"/> 2017 Fall Semester (September 2017 – March 2018)
<input type="checkbox"/> 2017 Fall Semester & 2018 Spring Semester (September 2017 – July 2018)

【学生情報 Student Information】

	Family Name 姓	First Name 名	Middle Name ミドルネーム
英字氏名 Alphabet Name			
カタカナ/ひらがな氏名 Katakana or Hiragana Name			
漢字氏名 Chinese Character ※Required for all Chinese and Korean nationals			
生年月日 Date of Birth	_____ / _____ / _____ Year Month Date	年齢 Age	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
国籍/全ての国籍 Nationality/All Nationalities ※ Write all your nationalities if you hold multiple nationalities.			
出生地 (国・市) Place of Birth (Country&City)			
現住所 Present Address (Mailing Address)	Phone: _____ Fax: _____ E-mail: _____		
本籍 Permanent Address Check <input type="checkbox"/> if it is same as above	<input type="checkbox"/> 上記と同じ Same as above Phone: _____ Fax: _____		

【在籍大学 Home Institution】

大学名 (漢字) Name of Your Home Institution (Alphabet)			
学部・学科名/大学院 Faculty / Graduate School			
専攻 Major	主専攻 : (Major)	副専攻 : (Minor)	
学年 Year	<input type="checkbox"/> 1年生 <input type="checkbox"/> 2年生 <input type="checkbox"/> 3年生 <input type="checkbox"/> 4年生 <input type="checkbox"/> 修士 First Year Second Year Third Year Fourth Year Master (年 月 日現在) As of: Year Month Date		
指導教授 Academic Advisor	氏名 Name	職格 Position	
課程の年限 Required years of Course to complete your academic degree			年/years
(留学後の) 卒業見込み年月日 Expected date of graduation (upon completion of study at Meiji)			_____ Year Month Date

【経営学部における留学内容 Proposed Study at SBA Meiji】

志望課程 Proposed Level	<input type="checkbox"/> 学部課程 Undergraduate <input type="checkbox"/> 修士課程 Master level <input type="checkbox"/> 博士課程 Doctoral
志望学習分野 Proposed Field of Study※1	

※1 : Please fill out the specific field of study which you wish to learn in the SBA.
 (ex. International Business, Global Marketing.)

【学歴 Education Records】

Please begin from your primary education to your present.

課程	学校名 Name of Institution	所在地 Location (Country/City)	修学年限 Years attended	入学及び卒業年月 Year and Month of Entrance and Graduation	取得学位 Degree/ Diploma Awarded
小学校 Primary School				/ ~ / Year Month Year Month	
中学校 Junior-High School				/ ~ /	
高校 High School				/ ~ /	
大学 University (Undergraduate)				/ ~ /	
大学院 University (Graduate)				/ ~ /	
その他 Others (Language School etc)				/ ~ /	

【日本語学習歴 Record of Japanese Language Study】

学校・機関名 Name of Institution	所在地 Location (Country, City)	期間 Period		総時間数 Total hours
		From	To	
		/ Year Month	/ Year Month	Approx. hours
		/	/	Approx. hours

日本語能力試験 級 (年 月 日取得)
 Obtained JLPT Level As of: Year Month Date : / /

【職歴 Employment Record (If applicable, includes military service)】

勤務先 Name of Organization	所在地 (国・都市) Location	職種・役職 Type of Work/Position	勤務期間 Period of Employment
			/ ~ /
			/ ~ /

【来日歴 Visits or Stay in Japan (If any)】

・ The number of visits in the past _____ **Times**

場所 Place	期間 Period(from/to)	目的 Purpose	その他 Notes for reference
例/Ex) 東京 Tokyo	2015/3/1-2015/3/15	観光 Sightseeing	

※ If you have visited or stay in Japan more than twice, please fill out **the two latest visits**.

・ **Read the statement below and sign if you agree.**

“I certify that the information given in this application is complete and accurate to the best of my knowledge, and if admitted, I agree to comply with the rules and regulations of Meiji University.”

日付 : / /
 Date: _____
 (Year) (Month) (Day)

申請者署名
 Applicant's Signature: _____

【Sending Institution's Signature】

(Must be completed by a student exchange program coordinator at home institution)

I have reviewed the application, and I officially nominate (Applicant's Name: _____)
 to your student exchange program under the bilateral agreement. 上記学生を交換留学生として正式に推薦いたします。

大学名
 Name of Institution: _____

部署
 Department: _____

役職
 Title: _____

名前
 Name: _____

日付
 Date: _____
 (Year) (Month) (Day)

署名
 Signature: _____