APPLICATION FORM

# International Master’s Program (IMAP) in Japanese Humanities Graduate School of Humanities, Kyushu University

Affix Photo Here

Photo should be recent, front view, without hat, and 4cm (height) by 3cm (width).

Fill out the form using word processing software. Note that each row will expand to include more information as needed.

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| --- | --- | --- | --- | --- |
| Full Name  (as listed on your passport or official ID) | Given name | | Middle name | Family name |
|  | |  |  |
| Nationality |  | | | |
| Sex | □ Female | □ Male | □ Non-binary |  |
| Date of Birth | Year | | Month | Day |
|  | |  |  |
| Present Status  (name of current university or employer) |  | | | |
| Contact Details | Address |  | | |
| Phone number | |  | |
| E-mail address(es) | | 1.  2. | |
| English Language Qualification | * Native speaker * Degree completed in English ( □ high school, □ BA) | | | |
| □ TOEFL ( □ Paper, □ iBT, □ other ) = points | | | |
| □ IELTS = points | | | |
| □ TOEIC = points | | | |
| □ Cambridge = points | | | |
| □ Other ( )= points | | | |
| Test date: | | | |

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| --- | --- | --- | --- |
| Japanese Language Qualification | Indicate fair, good, very good, or fluent Speaking:  Reading:  Writing:  JLPT level and scores (if any): Test date:   * Native speaker * Studied Japanese in college/ at university (number of semesters: ….) * Self-study (number of years: ….) | | |
| Other Languages Abilities | Indicate fair, good, very good, or fluent Language 1:  Speaking:  Reading:  Writing:  Language 2: Speaking:  Reading:  Writing:  (Add additional languages, if applicable.) | | |
| Contact Information for  Recommenders | 1. | | |
| (provide name, affiliation, address, phone number, and email address for each recommender) |  | | |
|  | | |
|  | | |
|  | | |
| 2. | | |
| Academic History | Senior High School Level | | |
| Name of School | Location | From - To (provide month and year) |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic History | Undergraduate Level | | | |
| Name of University, Faculty | Location | From - To (provide month and year) | Diploma or Degree, Field of Study |
|  |  |  |  |
| Graduate Level (if applicable) | | | |
| Name of University, Faculty | Location | From - To (provide month and year) | Diploma or Degree, Field of Study |
|  |  |  |  |
| Work Experience | Organization / Company, Department | | Job Title | From - To (provide month and year) |
|  | |  |  |
| Undergraduate Thesis (if any) | Thesis Title | | | |
|  | | | |
| Summary (300-400 words) | | | |
|  | | | |

I certify that the information presented above is accurate and complete. I also certify that, to the best of my knowledge, any information submitted on my behalf (such as the letters of recommendation) is authentic. I understand that any inaccurate or misleading information will, if discovered, be cause for any offer of admission to be rescinded, or for my status as a student to be revoked (including the revocation of course credit, course grades, and degree).

Name Date Signature