

INTERNATIONAL EXCHANGE STUDENT APPLICATION FORM

※Please input exactly as shown in your passport.

Last (Family Name)	First (Given Name)	Middle (if any)	attach your photo						
Please write your name in Katakana. Leave blank if you do not know.									
Date of Birth	YYYY/MM/DD	Sex							
Nationality		Duration of Study					1 semester / 1 year		
Home University	Name of University		Name of College, Faculty or Department						
Current Affiliation	Undergraduate	Master	Doctor	1st	2nd	3rd	4th		
Affiliation when you join our program	Undergraduate	Master	Doctor	1st	2nd	3rd	4th		
Major			Minor (if any)						
Current Address	Address:								
	Phone:								
	e-mail:								
Permanent Address (Emergency Contact)	Name:					Relationship:			
	Address:								
	Phone:								
	e-mail:								
Japanese Ability	NONE		I can understand daily conversation.		I can understand the lecture level of Japanese.				
Accommodation	<p>Would you like us to book the University Residence? https://www.kobe-u.ac.jp/en/campuslife/housing/accommodation.html</p> <p style="text-align: center;">Yes → Do not prefer shared bathroom and kitchen. No</p> <p style="text-align: center; color: red;">※We regret that the type of residence cannot be selected due to limited capacity. ※Any requests after this application cannot be accepted.</p>								
Scholarship	<p>Do you wish to receive any scholarship from Kobe University?</p> <p style="text-align: center;">Yes (If you do not receive any other scholarship.) No</p>								

What do you currently study at your home university?

What do you plan to study in Kobe University?