## APPLICATION for JAPAN STUDIES PROGRAM ONLINE YAMAGATA UNIVERSITY

Name:				_		
Fa	mily Name	Midd	le Name	F	irst Name	
Gender: $\square$ M	$\Box$ F					
Country of citize	nship:					
Date of birth:		(day/mo/yea	<u>r)</u> Place of l	oirth:		
Period(s) to which	h you are a	pplying:   FALI	L 2008 □ S	PRING 2009		
<b>Current Address</b>	:					
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Phone		Ema	11			
Permanent Addr	oaa.					
Fermanent Addr	ess.					
Phone	Email					
Home		I	nstitution:			
Major/Minor:						
College Year:	□1st yea	r $\square$ 2nd year	$\square$ 3rd year	$\Box 4$ th year	$\square$ college graduate	
	□gradua	te student				
Education: List s	schools you	have attended in	cluding secon	dary schools s	tarting with the most	
recent one.					<u>,                                      </u>	
Name		Province &	From	То	Diploma/degree	
		Country			With a year earned	

Language Proficiency:  List all the languages you have some proficiency in and evaluate your level on a scale of 1(poor)-5(excellent) in four skills: listening, speaking, reading and writing.  Language Listening Speaking Reading Writing  Have you taken a TOEFL® Test before?						
List all the languages you have some proficiency in and evaluate your level on a scale of 1(poor)-5(excellent) in four skills: listening, speaking, reading and writing.  Language Listening Speaking Reading Writing  Have you taken a TOEFL® Test before?  yes no Date of test:  Courses you plan to register for:  Please mark the box of a course(s) you wish to take:  Semester  Course Name Credit  Fall 2008  Spring 2009  I hereby certify that the information provided in this application is accurate and complete.						
1(poor)-5(excellent) in four skills: listening, speaking, reading and writing.   Language	Language Pro	oficie	ency:	1		
Language Listening Speaking Reading Writing  Have you taken a TOEFL® Test before?	List all the	lan	guages you have s	ome proficiency in a	ınd evaluate yo	ur level on a scale of
Have you taken a TOEFL® Test before?	1(poor)-5(exce	ellen	t) in four skills: list	ening, speaking, rea	ading and writin	g.
Courses you plan to register for:  Please mark the box of a course(s) you wish to take:  Semester	Language		Listening	Speaking	Reading	Writing
Courses you plan to register for:  Please mark the box of a course(s) you wish to take:  Semester						
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Please mark the box of a course(s) you wish to take:    Semester	Score::		Date of test:			
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Semester			_			
Fall 2008  Spring 2009  I hereby certify that the information provided in this application is accurate and complete.	Please mar	k the	e box of a course(s)	you wish to take:		
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Spring 2009  I hereby certify that the information provided in this application is accurate and complete.		✓	Course Name			it
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I hereby certify that the information provided in this application is accurate and complete.						
	Spring 2009					
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Signature: Date:	I hereby certi	fy th	at the information	provided in this app	olication is accur	rate and complete.
Signature: Date:						
Signature: Date:						
	Signature: Date:					

## What made you decide to apply for the Japan Studies Program On Line? Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Statement of Purpose

## Letter of Recommendation

1. Applicant Information	
Please print your personal information below and the	name of the person at line 2.
Applicant:	
Address:	
Home Institution:	
I waive my right to access to the information contains	s in this reference.
Signature:	Date:
2. Information for	who recommends you as applicant.
The above person is applying for admission to the	Japan Studies Program at Yamagata
University in Japan. The information provided on	this form will be used for admission
purposes only. Please return this form with your lette	er to the applicant.

## Letter of Recommendation \_\_\_\_\_ Date: \_\_\_\_\_ Signature: Address: Institution:

Contact Number and/or Email Address:

Position: