



Form 1

Kumamoto University 2015 Summer Program in English Application Form

1. Personal Information

*Please fill in your name as it appears on your passport.

(Family Name)		(Given Name(s))			
Date of Birth	month	/	day	/	year
Sex	Male		Female		
Nationality					
Birthplace					
Blood Type	A	B	AB	O	
Passport Number				Date of Expiry	
Religion					
Paste a 40mm×30mm photograph taken within the last 6 months. Write your name on the back side.					

2. Contact Information

Home Address			
Postal Code		Country	
Phone Number		FAX	
E-mail Address			

3. Emergency Contact

Name	
Relationship	
Address	
Phone Number	

4. University Information

Home University	
Department	
Major	
School Year	Expected Date of Graduation



List all food allergies (peanuts, etc.)	
List any other special food needs	

How many years of English instruction have you had?		Total _____ years.	
Have you taken any English proficiency tests?	YES	NO	
If YES, which one?	TOEFL	TOEIC	IELTS Other _____
What score did you obtain?			

Signature	Date
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* Information submitted here will only be used to the extent of this program.

Letter of Recommendation

To the Director of the College of Cross-Cultural and Multidisciplinary Studies,
Kumamoto University

Our university hereby recommends the following student(s) as the participant(s) of
Kumamoto University 2015 Summer Program in English between July 23 and July 31,
2015 at Kumamoto University.

1. University Name: _____

2. Students' Information:

Rank	Name (family name, given name(s))	Department	Year in School
1			
2			
3			
4			
5			

*¹ Please write the applicants' information in the order of recommendation.

*² If there are more than 5 students in your university who would like to apply to the program, please contact
the Kumamoto University International Student Office in advance.

*³ There is no limit to the number of students who may apply from one university, however, if the total number
of applicants exceeds 20, a selection process will be held. Higher ranked students will be given priority.

Name of Responsible Party: _____

Title: _____

Signature: _____

Date: _____

