Personal Information Sheet

If you fill out this Personal Information Sheet, data will be copied to all the documents.

Your information

Full Name _____ _____ _____
Last First Middle

カタカナ _____ _____ _____
Last First Middle

University / College Attending _____

Major _____

Date of Birth _____ YYYY-MM-DD

Age (as of September 1st 2027) ____

Nationality _____ Place of Birth _____

E-mail Address _____

Phone Number _____

Address

_____

Parent's Information

Full Name

_____ _____ _____
Last First Middle

_____
Relationship

Address _____

Tel _____

E-mail _____

Doshisha Women's College of Liberal Arts
Japanese Studies Program 2027

Application Form

1. Personal Information

Full Name (As seen in your passport)

_____ , _____ _____
Last First Middle

_____ , _____ _____
Last First Middle

Date of Birth _____ **Age** _____(as of September 1st, 2027)

Nationality **Place of Birth** **MaritalStatus**

_____ _____ ○Married ○Single

University / College Currently Attending **Major**

_____ _____

Year / Month of expected graduation _____

E-mail Address _____

Phone Number _____

Address

_____

Name and Address of Your Parent / Guardian to Contact in Case of Emergency

Full Name _____, _____ _____ **Relationship** _____
Last First Middle

E-mail Address _____

Address _____

(Tel:)

2. Educational Background (Note: Please write all the schools attended in chronological order)

	Name of School	Location	Period of Attendance	Year(s)/ Month(s)
Elementary School			____, ____ to ____, ____ (Year, Month to Year, Month)	Year(s)/ Month(s)
Junior High School			____, ____ to ____, ____ (Year, Month to Year, Month)	Year(s)/ Month(s)
Senior High School			____, ____ to ____, ____ (Year, Month to Year, Month)	Year(s)/ Month(s)
College or University			____, ____ to ____, ____ (Year, Month to Year, Month)	Year(s)/ Month(s)
			____, ____ to ____, ____ (Year, Month to Year, Month)	Year(s)/ Month(s)

3. English Qualifications

◯ Native English speaker

◯ B2 level of English on the CEFR (Common European Framework of Reference for Languages) or equivalent.

*If you have taken a language examination for English, please submit a copy of your score(s).

4. Personal Questions

〔1〕Do you have any allergies? ☐Yes ☐No
If yes, please describe in detail. (e.g. Allergies to foods, drugs, or plants, etc.)

〔2〕Do you have any diet restriction? ☐Yes ☐No
If yes, please describe in detail. (e.g. Vegetarian, Vegan, Kosher, Food allergies, etc)

〔3〕Do you have any disease or physical disabilities? ☐Yes ☐No
If yes, please describe in detail. (e.g. Diabetes, Celiac disease, Chronic ailment, etc)

〔4〕Do you smoke? ☐Yes ☐No

5. Passport and Visa Information

■ Passport Information

Do you already have your passport? ◯Yes ◯No

***If yes**, please fill out below blanks. **If no**, please send us a copy of your passport as soon as you get one.

Passport Number _____ Date of Issue _____

Issuing Authority _____ Date of Expiration _____

Past entry into/stay in Japan ◯Yes ◯No

*Fill in the followings when the answer is "Yes"

How many _____ time(s) Latest Entry _____ to _____

■ Visa Information

Place to Apply for Student Visa in your country
(The nearest Japanese embassy/consulate general) _____

6. Others

(Note: Please fill in all the following items required to obtain your Certificate of Eligibility issued by the Ministry of Justice, Immigration Bureau.)

■ **Supporter** (Name and address of the person who will be financially responsible for you during your study at DWCLA.)

Full Name _____, _____ _____
Last First Middle

Address _____ (Tel:)

Occupation (Place of employment) _____ (Tel:)

Annual income _____Yen

■ **Family in Japan** (Father, Mother, Spouse, Children, Siblings, Grandparents, Uncle, Aunt, or others) or co-residents

■Yes ☐No

※If "Yes", please fill in your family members in Japan and co-residents in the following columns.

Relationship	Full Name	Date of birth	Nationality Region	Intended to reside with applicant or not	Place of employment/school	Residence Card number/ Special Permanent Resident Certificate number
				Yes ・ No		
				Yes ・ No		
				Yes ・ No		

■ **Accompanying persons, if any** (Are you going to enter Japan with any other accompanying persons?)

◯Yes ◯No

■ **Criminal Record** (in Japan / overseas) including dispositions due to traffic violations, etc.

☐Yes (Details:) / ☐No

■ **Departure by deportation / departure order** ☐Yes ☐No

*Fill in the followings if your answer is "YES"

How many _____ time(s)

The latest departure by deportation _____

■ **Past history of applying for a certificate of eligibility** ☐Yes ☐No

*Fill in the followings if your answer is " YES "

How many _____ time(s)

(Of these applications, the number of times of non-issuance) _____ time(s)

I hereby declare all statements contained in this application to be true and correct.

Name (print) _____

Date _____ Signature of Applicant _____