

Examination
number

(*Do not enter)

[1] Setsunan University Entrance Application Form Academic Year 2022

Photograph
attachment
(Glue all over)

1. Upper half of body/No hat/No background (Size: 4 cm x 3 cm)
2. Taken no more than three months prior to the application
3. Please write the faculty and department being applied to and your name on the rear of the photograph before attaching it.

Faculty and department being applied to

Faculty of

Department of

* For the selection of the "English" or "Mathematics" subject for the academic examination, tick the box to select the subject you wish to sit take the examination in.

Only to be completed by applicants to the Faculty of Economics

Examination subject (Selective)

English

Mathematics

Name (in katakana)				Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	(Family)	(Given)			
Date of birth	(year)	(month)	(day)		
Current address	(Zip code: -) Tel. () -				
E-mail					
Nationality				Age	

■ Educational background

* Enter from the school that corresponds to an elementary school in Japan.

School name and address	Date of entry	Date of graduation (completion)	Years of study
Elementary school:			years
Junior high school:			years
Senior high school:			years
			years

■ Study of the Japanese language

School name	Address	Period		No. of years
		From	To	

■ Name of Japanese language school currently attending

School name	Address	Period	
		From	To

■ Employment history

* Leave blank if none

Name of workplace	Address	Period of employment

■ Military service

* Leave blank if none

Type	Address	Period

■ Address of parent or guardian

(Zip code: -) Tel. () -
Country []

I affirm the above to be true and correct.

Date

Signature of applicant

[2] Reason for Application

Name (in katakana)		
Name	(Family)	(Given)
Faculty and department being applied to	Faculty of	Department of

Reason for Application in Japanese (Please describe your reason for applying to this university)

- 【注意】
1. Handwritten by the applicant only.
 2. There is no limit on the number of characters.
 3. Please write using black ink.

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Study Plan

Study Plan in Japanese (please describe your study plan after entering the university)

Career Plan after Graduation

Career goals after graduation (please describe your career goals after graduating from the university in Japanese)

- 【注意】**
1. Handwritten by the applicant only.
 2. There is no limit on the number of characters.
 3. Please write using black ink.

Setsunan University Entrance application form (2022)

Academic Year 2022
International Student Entrance Examination

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Certificate of Japanese Proficiency

To the President of Setsunan University

Name of applicant

Please request an instructor of Japanese, a member of a diplomatic establishment of the Japanese government overseas or an equivalent person to complete this form.

	Excellent	Good	Fair	Poor	No ability
Speaking ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Please note] Put a check mark in the box for the level of proficiency attained.

Method

Textbooks used

Remarks

School name

School
stamp

Position

Name

[Stamp]

Date

Address

Academic Year 2022
International Student Entrance Examination

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Notification of contact address for when applicant is absent

To the President of Setsunan University

Name (in katakana)	
Name of applicant	

If Setsunan University cannot contact the applicant above, I will act as the proxy contact and take responsibility for communicating the notifications from Setsunan University to the applicant.

(year) (month) (day)

■ **Proxy contact** (The proxy contact should fill in this form.)

Name (in katakana)				
Name				
Date of birth		(year)	(month)	(day)
		Sex	Male/Female	
Contact address	Address	Zip code: -		
	Telephone number	() -		
Place of employment	Company name			
	Address	Zip code: -		
	Telephone number	() -		
Relationship to the applicant (In detail)				

[Cautions] The proxy contact must reside in Japan (and preferably in the Kyoto-Osaka-Kobe area) and must be an adult making an independent living.