

Examination  
number

(\*Do not enter)

# [1] Setsunan University Entrance Application Form Academic Year 2025

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

|                    |  |          |         |     |  |
|--------------------|--|----------|---------|-----|--|
| Name (in katakana) |  |          |         | Sex | <input type="checkbox"/> Male<br><br><input type="checkbox"/> Female |
| Name               | (Family)                                       | (Middle) | (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          |
|                         |               |                                 | 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 | Period |
|------|--------|
|      |        |

■ Address of parent or guardian

|                    |              |   |
|--------------------|--------------|---|
| Zip / postal code: | TEL(       ) | - |
| Address:           |              |   |

I affirm the above to be true and correct.

Date

Signature of applicant

\_\_\_\_\_

\_\_\_\_\_



|                               |                 |
|-------------------------------|-----------------|
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|-------------------------------|-----------------|

## Study Plan

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

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## Career Plan after Graduation

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

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- 【注意】**
1. Handwritten by the applicant only.
  2. There is no limit to the number of characters, but please write horizontally and keep it within the frame.
  3. Please write using black ink.

Academic Year 2025  
International Student Entrance Examination

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## Certificate of Japanese Proficiency

To the President of Setsunan University

Name of applicant

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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"/> |
| Listening ability | <input type="checkbox"/> |
| Writing ability   | <input type="checkbox"/> |
| Reading ability   | <input type="checkbox"/> |

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

Method

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Textbooks used

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Remarks

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School name

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School  
stamp

Position

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Name

---

[Stamp]

Date

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Address

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**Academic Year 2025**  
**International Student Entrance Examination**

**Examination  
number**

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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<br>address※                             | Address             | Zip code:                      - |             |       |
|   | Telephone<br>number | (    )                      -    |             |       |
| Place of<br>employment                          | Company<br>name     |                                  |             |       |
|   | Address             | Zip code:                      - |             |       |
|   | Telephone<br>number | (    )                      -    |             |       |
| Relationship to the<br>applicant<br>(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.

This notification form will be used only for communication regarding admissions. Emergency contacts after admission will be registered again at the time of UCARO admission procedures.

※If a faculty member of the applicant's Japanese language school serves as a substitute contact person, it is not necessary to fill in the individual's "date of birth" and "contact information."