**Application for Summer Intensive Program**

 －The University of Shiga Prefecture－

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| **General Information** |
| Name | First name |  | Photo(40mm×30mm) |
| Last name |  |
| Middle name |  |
| Gender | Male / Female / Others |
| Preferred Pronouns |  |
| Date of Birth(DD-Mon-YYYY) |  |
| E-mail |  |
| Phone Number |  |
| Address |  |
| Emergency Contact | Name |  |
| Relationship |  |
| E-mail |  |
| Phone number |  |
| **Academic/Educational Information** |
| Home university |  |
| Major |  |
| Academic History | School name | Period (MM/YYYY) |
| Please describe your academic history from secondary/senior high school. |  | From To  |
|  | From To  |
|  | From To  |
|  | From To  |
| Japanese Language Proficiency | \*This program is mainly for Japanese language beginners. Those with experience studying Japanese, may be required to audit Japanese classes without receiving credits.JLPT Level: Please check one check box □N1 □N2 □N3 □N4 □N5 □I’ve never taken the test.* When did you take the test? ( )

Japanese Education History (if any): |
| **Personal Statement** |
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| **Accommodation** \*For more information, please read the back side of the flyer. |
| Please number the following items according to your preference.( ) Leopalace ( ) Kitakyuso ( ) Sunny Hill Mitsukoshi  |
| If you only want Kitakyuso or Sunny Hill Mitsukoshi and are assigned Leopalace, will you stop participating? No, I will participate. / Yes, I will stop. |
| Please read and check the box.* I understand and agree that The University of Shiga Prefecture will assign the rooms on a vacancy basis.
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| Do you ride a bicycle?Yes. / No. |
| **Health / Medical Conditions** |
| Do you have any health/medical condition or support needs?* If yes, please describe your health/medical condition and the support you need.

( ) | Yes / No |
| Do you have any food allergies or restrictions? * If yes, please describe your allergies/restrictions.

Ex. Ingredients/allergen, severity, medications you will bring, etc.( ) | Yes / No |
| Do you have any chronic medical conditions?* If yes, please describe those conditions.

Ex. Name of illness, symptoms, etc.( ) | Yes / No |
| Are you currently taking any medication?* If yes, please write the names and active ingredient(s) of medications.

( ) | Yes / No |
| If you have other medical conditions or concerns, please describe them here. |

**\* Please submit this application sheet with your academic transcript.**

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| **PHOTOGRAPHY CONSENT FORM**The University of Shiga Prefecture will be taking pictures of you and your work throughout your stay in Japan.I hereby grant permission to The University of Shiga Prefecture to take and use photographs and/or digital images of myself and my works for use in printed publications or materials, electronic publications or materials, and the school website including social media pages of our official accounts and other promotional items. I understand that the use of photographs mentioned above may never be revoked.**Date (yyyy/mm/dd):****Name in print:****Signature** |

\* If you do not agree with the above, you do not need to fill it out.