

SUMMER PROGRAM 2012 UNIV. OF TOKUSHIMA HBS COURSE APPLICATION FORM

Please tick selection where required . Please type in English with a word processor..

PERSONAL DETAILS

FULL Name:	In English				
	In Chinese Character (if applicable)				
Date of Birth:	DD	MM	YYYY	Sex and Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female yrs old
Nationality:				Passport No:	

CURRENT DETAILS

Address:			Phone (Home):	+() -
			Phone (Mobile):	+() -
			Fax:	+() -
			Email:	

CURRENT AFFILIATION

Univ. Name:		Program:	<input type="checkbox"/> Master (th year)
Country:		(Check one of them)	<input type="checkbox"/> Doctorate (th year)
Major:			

RELIGION & FOODS

Religion:		
Please list any food you cannot eat:		

NOTE: We will attempt to meet your preference but please understand that this may not always be possible.

PLEASE EMAIL THIS FORM WITH YOUR FACE PHOTO (PASSPORT SIZE) TO
THE OFFICE OF INTERNATIONAL AFFAIRS (kasoku@tokushima-u.ac.jp)
BEFORE JUNE 29, 2012.

STUDENT DECLARATION This part must be filled out by the applicant or the parent/guardian if the student is under 20.

On this Application Form, I declare my wish to enroll your Summer School. Yes No

I declare the information in this application and any attachments to be true and correct. Yes No

Date of Declaration (DD/MM/YYYY): / /