

* Application No.

For selection of graduate
school international students

1/2

Application for Admission to Graduate School at Soka University <September Entry>

1 Personal Details

	Family name	Given name	Middle name	<div style="border: 1px dashed black; padding: 5px;"> Photo 4 cm×3 cm </div>
Alphabet				
<i>Katakana</i>				
<i>Kanji</i>				

Please provide your name in 10 letters of the alphabet or less for inputting on the university's automated system.

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Nationality	Birthplace	Native language	Date of birth	Age	<input type="checkbox"/> M <input type="checkbox"/> F
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Current address	Country		Postal code	

Contact details	E-mail		Tel.	
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Current school/university or company	If you are not attending a school/university or employed by a company, please describe your current circumstances.
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2 Prospective Major/Specialization

<input type="checkbox"/>	Graduate School of Economics, Division of Economics, International Business Studies <September Entry>
<input type="checkbox"/>	Graduate School of Letters, Division of International Language Education, Studies of Japanese Language Education <September Entry>

3 Emergency Contact

Name	Relationship to applicant	Contact details
		Tel.:
		E-mail:
Address		

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4 Academic Background (state all schools/universities in order attended from elementary school on)

Name of school/university	Location	Period attended				No. of years attended	
Elementary school		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	

Total no. of years in education		Qualification (educational attainment)	
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5 Certificates of Language Proficiency (certificate(s) must be attached)

Japanese-Language Proficiency Test	Level	Test month & year	Score	Passed or failed	Test location
		M: Y:		<input type="checkbox"/> Passed <input type="checkbox"/> Failed	

English proficiency test	Certificate of graduation from high school that teaches in English	Type of English test taken	Test month & year	Score
	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached		M: Y:	

6 Japanese Language Study

Name of school	Location	Period attended				Total hours of study	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	
		M:	Y:	–	M:	Y:	

7 Employment History

Employer	Location	Date of joining	Date of leaving	Position

I certify that the above is true and correct to the best of my knowledge.

Signature of applicant: _____ Date: _____