**Osaka University of Economics**

APPLICATION FOR OUE’s HORIZONS SUMMER PROGRAM 2019

（Non-Credit Course）

PLEASE FILL IN THE FORM BELOW.

Please attach an ID photo taken within 6 months

(No background)

* **PERSONAL DETAILS**

Name in full (as shown on your passport)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last (Family) First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year City Province/State Country

Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Nationality (country of citizenship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (we will be sending information to this address):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　②\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address (including country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (+ country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact in an emergency: (Relationship with you: 　　　 )

His/Her phone number (+ country code):

His/Her email address:

* **EDUCATIONAL DETAILS**

Home institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Country: )

☐　Check if your institution is our partner university.

Current status: Undergraduate course ☐1st Year ☐2nd Year ☐3rd Year ☐4th Year

Graduate course (☐Master ☐Doctor) ☐1st Year ☐2nd Year

Exact name of degree course in which you are currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **JAPANESE AND ENGLISH LANGUAGE STUDY EXPERIENCE**

How long have you been studying Japanese (at your home institution and/or other institutions) ?

\_\_\_\_\_\_ year (s) or \_\_\_\_\_\_ month (s)

Have you ever been to Japan? □ Yes ( times) □ No

If English is your second language, how long have you been studying English? \_\_\_\_\_\_ year (s) or \_\_\_\_\_\_ month (s)

* **DIETARY REQUESTS AND OTHER INFORMATION**

If you have any dietary requirements for health or religious reasons, please let us know in advance.

Please check any of the following that apply to you.

**※NOTICE：There is a possibility that we might not be able to meet your requests.**

* Lactose intolerant
* Vegetarian (will eat: dairy / seafood)
* Vegetarian (Vegan)
* Other (Please specify: )

Do you have any existing medical conditions/allergies? ☐ Yes ☐ No

If yes, please specify: ( )

Any medical condition, injury or problem should be checked by your physician before participating in this program.

※ I agree that the information I have provided is true and accurate and that any medical information may be disclosed in confidence to relevant staff in the International Relations Section at Osaka University of Economics, and if I stay in the university-arranged accommodation, to the relevant staff.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **PAYMENT INFORMATION**

We accept payment of program fees by CASH only (Japanese Yen). You need to pay the fees when you arrive at Osaka University of Economics.

* **OVERSEAS TRAVEL INSURANCE**

Participants of the program are required to purchase travel insurance (including health insurance) at your own expense to cover the period of your stay in Japan.

* **CHECK LIST：**

A final decision concerning admission can be made when the following documents are received by the

Program Office, International Relations Section.

　　　 CHECK BOX

　　　 Applicant Use Office Use

1. Application for OUE HORIZONS SUMMER PROGRAM \*all items responded to and signed 　　 ☐ ☐

2. Photocopy of valid passport photo page 　 ☐ ☐

3. Photocopy of Overseas Travel Insurance Certificate　　　　 　　　　　　 ☐ ☐

**Please submit your completed application by 30 April 2019 in the following format: .pdf (file) to:**

Email: [kokusai@osaka-ue.ac.jp](mailto:kokusai@osaka-ue.ac.jp) (International Relations Section, Osaka University of Economics)