

Person to be notified in your home country in case of emergency:

Name in full: _____

Address: _____

Home phone number: _____ Fax number: _____

Cell phone number: _____ Work phone number: _____

E-mail address: _____ Relationship with the person: _____

Person (faculty member, or staff at international office) to be notified in your university in case of emergency:

Name in full: _____

Address: _____

Cell phone number: _____ Work phone number: _____

E-mail address: _____ Status at the university: _____

Note: Please make sure you have obtained the permission from the above-mentioned person.

Dietary restriction, if any

1. List all food allergies (shellfish, peanuts, etc.): _____

2. Are you a vegetarian? Yes No If "yes", list what you CANNOT eat:

3. List all other special dietary needs and restrictions: _____

Smoking Status

1. Do you smoke? Yes No

Japanese Language Ability

1. Have you previously studied Japanese?

Yes No

2. Please answer the following questions regarding the Japanese courses you have taken. Please describe the course or the textbook lessons you will have finished or taken prior to attending NUSIP.

Name of course(s) completed	Period of Study	Textbook(s)	Lessons
_____	_____	_____	_____ ~ _____
_____	_____	_____	_____ ~ _____
_____	_____	_____	_____ ~ _____
_____	_____	_____	_____ ~ _____

3. Approximately how many Chinese characters (Kanji) can you read? _____

4. Approximately how many Chinese characters (Kanji) can you write? _____
5. Approximately how many Hiragana and Katakana can you read?
 Hiragana (all:46) _____ Katakana (all:46) _____
6. Approximately how many Hiragana and Katakana can you write?
 Hiragana (all:46) _____ Katakana (all:46) _____
7. If you have passed the Japanese Language Proficiency Test (JLPT), please indicate the level and score that you obtained.
 a. 1-kyuu b. 2-kyuu c. 3-kyuu d. 4-kyuu e.5-kyuu Score: _____

(For Non-native English speaker)

English Language Ability

Note: If the medium of instruction is English at your present university, you are not obliged to submit the test scores.

1. If English is not your native language, please indicate how many years of English language instruction you have had.

Total of _____ years

2. State the name of any internationally recognised English language examination (i.e., TOEFL, TOEIC, IELTS) taken, and scores obtained:

Examination: _____	Score<s>: _____
Components: _____	_____
_____	_____
_____	_____
_____	_____

I certify that all information provided is true and correct to the best of my knowledge. I understand Nagoya University will use this information solely for the purpose of determining participant eligibility and student tracking.

Applicant's signature _____ **Date** _____

2016 Summer Intensive Program at Nagoya University, Japan (NUSIP)
Latest Advanced Technology & Tasks in Automobile Engineering
June 15, 2016 to July 21, 2016

Statement of Purpose

A brief description of why you want to participate in the summer program:

Applicant's signature _____ **Date** _____

2016 Summer Intensive Program at Nagoya University, Japan (NUSIP)

■ Health Certificate

Name: _____ Date of Birth: _____

Please answer the questions below by checking the appropriate box, before submitting to a physician for your physical examination.

1. What diseases, disorders or injuries have you had in the past five years?

Yes/No
2. Have you received any counselling/undergone any treatment for mental health-related symptoms in the last five years? If yes, please specify.

Yes/No
3. Do you have any allergies to foods, plants or animals? Please specify.

Yes/No
4. Have you ever had an adverse reaction to medication? Please specify.

Yes/No
5. Are you taking medication now? Please specify.

Yes/No

□ To the Physician:

Please review the applicant's medical history and complete the information below, giving details concerning any positive indications. If there are any abnormalities in the following systems, circle '+' and explain in detail.

- | | | | |
|--------------------------|-------|------------------------|-------|
| 1. Head/Ears/Nose/Throat | + / - | 6. Musculoskeletal | + / - |
| 2. Respiratory | + / - | 7. Metabolic/Endocrine | + / - |
| 3. Cardiovascular | + / - | 8. Neuropsychiatric | + / - |
| 4. Eyes | + / - | 9. Skin | + / - |
| 5. Genitourinary | + / - | | |

Physician's Comments:

After reviewing the applicant's medical history and physical condition, I believe him/her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing a six week summer program in a Japanese university.

Physician's signature: _____ Date: _____

Physician's name <please print>: _____

Address: _____

Contact Details: 1) Tel/Fax: _____ 2) E-mail: _____