2017 Summer Program at Nagoya University

"Latest Advanced Technology & Tasks in Automobile Engineering" June 14, 2017 to July 20, 2017 Please attach a recent photo here (3 by 4 cm)

APPLICATION FORM

Name:				
last name	first name	middle name		
Preferred name, if different to the ab	oove :			
Date of Birth:		Sex:		
(month/day/year)				
Citizenship:	Country that issued a passpo you will be using to come to	ort Japan:		
Home institution:				
Name of Faculty/Department/Gradu	ate School:			
Major field:	Iajor field: Minor field:			
Current status at your home instituti	ion as of the time of application			
[] Undergraduate Program []	Junior [] Senior			
[] Graduate Master's Program []	1st year [] 2nd year			
[] Graduate Doctor's Program []	1^{st} year [] 2^{nd} year [] 3^{rd} year			
Expected month and year of graduat	ion month year			
Current Address: Street	A _I	ot#		
City State	Zip code	Country		
Phone Number:	E-mail address:			
Mailing address for the acceptance/d	lenial letter and pre-departure infor	mation:		
Street	Apt#	City		
StateZip code	Country			
Phone number:	Fax number:			

Person t	to be notified in you	r home country in case of	f emergency:		
Name in	full:				
Address	:				
Home pl	none number:		Fax number:		
Cell pho	ne number:		Work phone number:		
E-mail a	ddress:		Relationship with the person	:	
Person (faculty member, or	staff at international offi	ce) to be notified in your uni	iversity in case of	
emerger	ncy:				
Name in	full:				
			Work phone number:		
			Status at the university:		
			on from the above-mentioned		
	ary restriction, if all food allergies (s	•			
2. Are		□ Yes □ No If "ye	s", list what you CANNOT e	eat:	
3. List	all other special die	etary needs and restriction	ns:		
	k ing Status you smoke? □ Ye	es 🗆 N o			
□ Iana	nese Language A	hility			
_	re you previously stu	v			
- Ye	3 1	aciec supunese:			
	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.				
tile	in the second control of the proof to discounting 10001.				
	ne of course(s) upleted	Period of Study	Textbook(s)	Lessons	
			_	~	
			_	~	
			_	~	
			_	~	
3 Apr	rovimately how ma	ny Chinese characters (K	anii) 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:
(F	or Non-native English speaker)
	English Language Ability
No	te: If the medium of instruction is English at your present university, you are not obliged to submit the
tes	scores.
1. I	f English is not your native language, please indicate how many years of English language instruction
yoı	have had.
To	al of years
2. 5	state the name of any internationally recognised English language examination (i.e., TOEFL, TOEIC,
IEI	TS) taken, and scores obtained:
Exa	mination: Score <s>:</s>
	mponents:
I co	ertify that all information provided is true and correct to the best of my knowledge. I understand
Na	goya University will use this information solely for the purpose of determining participant eligibility
	student tracking.
	plicant's signature Date
T	

2017 Summer Intensive Program at Nagoya University, Japan (NUSIP) Latest Advanced Technology & Tasks in Automobile Engineering June 14, 2017 to July 20, 2017

Statement of Purpose

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

Applicant's signature	Date	

2017 Summer Intensive Program at Nagoya University, Japan (NUSIP)

Health Certificate

Name:		Date of Birth:	Date of Birth:		
	ase answer the questions below vsical examination.	by checking the app	propriate box, before submitting	g to a physician for your	
1.	What diseases, disorders or injuries have you had in the past five years?				
2.	Have you received any counselling/undergone any treatment for mental health-relativears? If yes, please specify.			l symptoms in the last five	
				Yes/No	
3.	Do you have any allergies to for	Do you have any allergies to foods, plants or animals? Please specify.			
4.	Have you ever had an adverse reaction to medication? Please specify.		? Please specify.	Yes/No	
5.	Are you taking medication now? Please specify.			Yes/No	
	To the Physician: ase review the applicant's medicative indications. If there are any				
2. F 3. C 4. F	Head/Ears/Nose/Throat Respiratory Cardiovascular Eyes Genitourinary	+ / - + / - + / - + / - + / -	6. Musculoskeletal7. Metabolic/Endocrine8. Neuropsychiatric9. Skin	+ / - + / - + / - + / -	
	vsician's Comments:	·			
me	er reviewing the applicant's mediental health, free of any chronic completing a six week summer pr	onditions, disorders o	or contagious diseases, and capal		
Phy	vsician's signature:		Date: _		
Phy	vsician's name <please print="">:</please>				
Ado	dress:				
Cot	ntact Details: 1) Tel/Fax:		2) E-mail·		