



Academic Services and Special Project Unit
Mahidol University International College
999 Phutthamonthon 4 Road,
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ictraining@mahidol.ac.th

Application Form for English Summer Program 2013

List of required document

- Certified copy of **TOEFL / IELTS / SAT** (not required for native English speakers);
 - An official transcript (record of completed courses and grades) from your high school or home university;
 - A copy of your passport;
 - Application form
- Make sure to include your most current email and mailing addresses.

PART 1: PERSONAL INFORMATION

1.1 Personal Information

Gender: Male Female (please underline)

Name (名前) : Daisuke..... Surname (名字) : Kyushu.....

Date of birth (生年月日) : (dd日/mm月/yyyy西暦) 21/09/1993 ... Age (年齢) : 20 ..

Passport No(パスポートNo): TK1234567 Nationality(国籍): Japanese... Native language(母国語): Japanese

1.2 Mailing Address (あなたの住所)

Apt. Number/ Street/ Box Number City or Town/ Province/ State Country Postal Code

105 / 6-10-1/ Hakozaki / Higashi-ku / Fukuoka / Japan 812-0013

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Contact Number(電話): 090-6421-0043 Fax: 092-642-0042 Email: daisuke@yahoo.co.jp

Emergency contact at home(緊急連絡先): Saburo Kyushu Relationship(続柄): Father

Contact Number(電話):090-5681-0095 Email: saburo@yahoo.co.jp

Emergency contact at home (please provide an English speaking contact)

PART 2: EDUCATION BACKGROUND

2.1 Your university (大学) / degree at home (取得予定学位)

Home university: [Kyushu University](#) Country: [Japan](#)

Degree sought at home university(取得予定学位): [Bachelor of Arts](#)

文 : Bachelor of Arts 教 : Bachelor of Education 法 : Bachelor of Law 経 : Bachelor of Economics 理・農 : Bachelor of Science
工 : Bachelor of Engineering 医 : Doctor of Medicine 保健 : Bachelor of Nursing/ Bachelor of Health Sciences
薬 : Bachelor of Pharmaceutical Sciences 歯 : Bachelor of Dental Surgery 芸工 : Bachelor of Design

Contact person at home university(大学での連絡先):

※このセクションは国際交流推進室・高原の氏名を記入してください

[Ms. Yoshie Takahara, Office for the Planning and Coordination of International Affairs, Kyushu University](#)

2.2 contact details for advisor/coordinator at your home university

※このセクションは国際交流推進室・高原の氏名を記入してください。

Name: [Yoshie](#) Surname: [Takahara](#)

Apt. Number/ Street/ Box Number City or Town

[6-10-1/Hakozaki/Higashi-ku/Fukuoka 812-8581](#)

Contact Number: [092-642-2143](#) Fax: [092-642-4273](#) E-mail: yoshie@isc.kyushu-u.ac.jp

PART 3: HEALTH INSURANCE (健康保険)

3.1 Do you have any health problems / physical problems or take any medication?

あなたの健康状態について**英語**で書いてください。(持病、現在通院が必要な場合その病状、薬を常用している場合その病状と飲んでる薬、その他健康上の留意点)

3.2 Do you plan to apply for health insurance? If so, please provide details of the company below. (We recommend you to apply for health insurance from your country and please give one copy to us on the orientation day)

この蘭には、渡航中の病気、怪我、事故等で発生する費用を補償する海外旅行保険への加入について書いてください。ほとんどの学生さんは出発前に保険に加入すると思えますので、申請時には空欄でもよいです。

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Declaration

I hereby declare that during the period of my studies at MUIC, I will follow the rules, policies, and code of student conduct accordingly. I further understand that all my personal information is confidential and used only in the capacity intended by MUIC.

(訳) 私は、マヒドン大学インターナショナルカレッジ(MUIC)に留学中、MUICの規則を順守し、学生として相応しい行動をします。この申請書にある私の個人情報はMUICの実施するプログラムにおいてのみ使用されることを理解します。

Applicant signature: (氏名をタイプしてください) Date: (この申請書を提出する日付)