EPOK (Exchange Program Okayama)

Application

# Name (as it appears on your valid passport)

Your photograph

(4  3 cm), taken within the last 3 months.

FAMILY NAME (in Block Capitals) First name Middle name

Name in Chinese characters (if applicable)

# Home Institution

University Faculty/Department Major

Current School Year

# Country of Citizenship

1. **Gender** □ Male □ Female □Unspecified

# Date of Birth

Year Month Day

# Current Mailing Address

Address: Tel: Fax:

E-mail:

# Emergency Contact

Name in full: Relationship: Address: Tel: Fax: E-mail:

1. **Educational Background** (Beginning from the last high school you attended)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Name and Location of Institution | Major Field of Study | Entrance | Completion |
| Year | Month | Year | Month |
| High School |  |  |  |  |  |  |
| College/ University |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Language Proficiency** (Evaluate your level and choose the appropriate answers)
* Japanese Proficiency
1. How long have you studied Japanese? month(s) / year
2. Have you completed Japanese courses at your home University?

□Yes. List course(s):

□No.

1. Have you taken the Japanese Language Proficiency Test (JLPT) before?

□Yes.：Japanese Language Proficiency Test (JLPT) Level ( ) Score ( ) Test Date ( )

□No.

* English Proficiency:

(1) Are you **a Non-Native** English Speaker?

□Yes. : ① Provide the proof of English proficiency as below (Test Score and Date):

**TOEFL / IELTS** ＿＿＿＿＿＿＿＿＿**S**＿**co**＿**re**＿**(**＿＿＿＿＿＿**)**＿**T**＿**es**＿**t D**＿**a**＿**te** ＿**(** ＿＿＿＿＿ **)**

**M**＿**U**＿**E**＿**T /**＿**G**＿**EP**＿**T**＿**/ D**＿**A**＿**AD**＿＿＿＿＿**S**＿**c**＿**ore**＿**・**＿**L**＿**ev**＿**el**＿**(** ＿＿＿＿＿＿＿＿＿＿**)**＿**T**＿**es**＿**t D**＿**at**＿**e** ＿**(** ＿＿＿＿＿**)**

② You are required to upload an official certificate to your application.

□No

* Other Foreign Languages: (Write other languages and define your level) Language ( ) Level (Excellent ・Good ・Fair ・Poor)

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1. Overseas Experience
	* Have you ever lived abroad? □ Yes □ No
	* If yes, write the name of the countries and the period of stay in each country.

Country Period

1. year(s) month(s)
2. year(s) month(s)
3. Planned Period of Enrollment at Okayama University. Check one:
* Spring only (April 2024～mid-August 2024)
* Spring & Fall (April 2024～mid-February 2025)
* Fall only (October 2024～mid-February 2025)
* Fall & Spring (October 2024～mid-August 2025)

|  |  |  |
| --- | --- | --- |
| ※Expected Arrival Dates: | Spring – 1st-2nd April/2024 Spring – Mid August 2024 | Fall – 24th-25th September/2024 Fall – Mid February 2025 |
| ※Expected Completion Dates: |

* Those who must return to their home institution before completing EPOK should specify the date that they wish to leave Japan: / / 20
1. Do you have any special needs or services you will require during your exchange?

□ Yes □ No

* + If yes, please describe and list your specific needs for support below. (e.g. Learning aids, Disabled access)

1.

* Note: Okayama University will make reasonable efforts to accommodate qualified students that have special needs. Some support may not be available, in which case prior notice will be given. The information requested above is confidential, and will not be shared with anyone except those providing the necessary services. Information about special needs is not a factor in admitting students to the program.
1. Home University’s Study Abroad Advisor / Administrative Contact: Name in full:

Title: E-mail:

**Certification**

I hereby certify that my statements on this application are correct and complete to the best of my knowledge, and understand that any willfully false statement is sufficient cause for rejection of the application, or if I have been admitted to EPOK, for dismissal from the program.

I also certify that once I am successfully enrolled in the program, I will comply with the rules and the regulations of Okayama University.

**Date**:

**Applicant**: