Date:2018/11/15

2019 Spring session - Application form -

Name of university	**ABC University**
Address of university	1-2-3, XXX-cho, Chiyoda-ku, Tokyo-to, 100-0001, Japan

Signatory	FAMILY NAME	First name	Mr/Ms	Title
	SUZUKI	Taro	Mr	Director of YYY Division

Contact person	FAMILY NAME	First name	Mr/Ms	Title	E-mail
	SATO	Kazuko	Ms	International Student Division	xxx@abc-u.ac.jp

Participants in the Spring session	(exactly as in passport) FAMILY NAME	First name	Mr/M *	Date of birth (dd/mm/yyyy)	E-mail	Homestay /Dormitory *1	Allergy if any *2	If Schengen visa needed, note
1	YAMADA	Taro	Mr	01/01/1997	yyy@gmail.com	Dormitory		
2	YAMAMOTO	Hanako	Ms	02/02/1996	xxx@gmail.com	Homestay		
3	TANAKA	Kazuko	Ms	03/03/1995	nnn@gmail.com	Homestay		
4								
5								
6								
7								
8								
9								
10								

*1 Select from the list.
*2 One(s) with physical symptoms only. Disliking problms are not to be mentionned.