



1-50-1 Mitsuura-higashi, Kanazawa-ku

Yokohama, 236-8501, JAPAN

TEL: +81-(0)45-786-7015

Email: intlcent@kanto-gakuin.ac.jp

Kanto Gakuin University Virtual Japanese Language & Culture Program

Application Form

Please complete this form and email to us by October 20, 2023.

Email: intlcent@kanto-gakuin.ac.jp

Photograph

Personal details:

Last Name: _____ First Name: _____

Middle Name: _____ Gender: ()Female ()Male

Nationality: _____ Date of Birth (dd/mm/yyyy) : _____

University: _____

Major/Minor: _____

Address: _____

Postal code: _____ Country: _____

Tel no: _____ Mobile no: _____

Email: _____

Japanese Language Learning:

(Give as much detail as possible)

a. How long have you been learning Japanese?

b. What made you want to participate in the JLCP@KGU?

c. Why do you need to learn Japanese?

d. What is difficult for you in Japanese?

e. How do you plan to use Japanese in the future?

f. What are your objectives for Japanese Language learning while you are in Yokohama?

Experience of coming to Japan:

Have you ever been to Japan? ()Yes ()No

If yes, please answer the time, period and place of your visit in Japan.

Leisure Interests & Hobbies:

Student medical form:

- We need the following information to ensure you have the best possible care during your stay.
- Do you suffer from any illness?
- Do you take medication? If yes, which medication?
- Do you have any allergies? (Food, animals, medication?)
- Do you need a special diet?
- Is there anything else you think we ought to know about your health?

I confirm that I have completed this application form to the best of my knowledge.

Student's Signature _____ Date _____

Print name: _____