

Osaka University of Economics
APPLICATION FOR OUE's HORIZONS SUMMER PROGRAM 2019
(Non-Credit Course)

PLEASE FILL IN THE FORM BELOW.

■ **PERSONAL DETAILS**

Name in full (as shown on your passport)

Last (Family) First Middle

Date of Birth: _____ / _____ / _____ Place of Birth: _____

Month Day Year City Province/State Country

Age: _____ Gender: Male Female

Nationality (country of citizenship): _____ First Language: _____

Email address (we will be sending information to this address):

① _____ ② _____

Home address (including country):

Phone (+ country code): _____

Person to contact in an emergency: _____ (Relationship with you: _____)

His/Her phone number (+ country code): _____

His/Her email address: _____

■ **EDUCATIONAL DETAILS**

Home institution: _____ (Country: _____)

Check if your institution is our partner university.

Current status: Undergraduate course 1st Year 2nd Year 3rd Year 4th Year

Graduate course (Master Doctor) 1st Year 2nd Year

Exact name of degree course in which you are currently enrolled: _____

■ **JAPANESE AND ENGLISH LANGUAGE STUDY EXPERIENCE**

How long have you been studying Japanese (at your home institution and/or other institutions) ?

_____ year (s) or _____ month (s)

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

If English is your second language, how long have you been studying English? _____ year (s) or _____ month (s)

Please attach an
ID photo taken
within 6 months

(No background)

■ DIETARY REQUESTS AND OTHER INFORMATION

If you have any dietary requirements for health or religious reasons, please let us know in advance. Please check any of the following that apply to you.

※**NOTICE: There is a possibility that we might not be able to meet your requests.**

- Lactose intolerant
- Vegetarian (will eat: dairy / seafood)
- Vegetarian (Vegan)
- Other (Please specify: _____)

Do you have any existing medical conditions/allergies? Yes No

If yes, please specify: (_____)

Any medical condition, injury or problem should be checked by your physician before participating in this program.

※ I agree that the information I have provided is true and accurate and that any medical information may be disclosed in confidence to relevant staff in the International Relations Section at Osaka University of Economics, and if I stay in the university-arranged accommodation, to the relevant staff.

Date: _____ Signature of applicant: _____

■ PAYMENT INFORMATION

We accept payment of program fees by CASH only (Japanese Yen). You need to pay the fees when you arrive at Osaka University of Economics.

■ OVERSEAS TRAVEL INSURANCE

Participants of the program are required to purchase travel insurance (including health insurance) at your own expense to cover the period of your stay in Japan.

■ CHECK LIST :

A final decision concerning admission can be made when the following documents are received by the Program Office, International Relations Section.

| | CHECK BOX | |
|---|--------------------------|--------------------------|
| | Applicant Use | Office Use |
| 1. Application for OUE HORIZONS SUMMER PROGRAM *all items responded to and signed | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Photocopy of valid passport photo page | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Photocopy of Overseas Travel Insurance Certificate | <input type="checkbox"/> | <input type="checkbox"/> |

Please submit your completed application by 30 April 2019 in the following format: .pdf (file) to:
Email: kokusai@osaka-ue.ac.jp (International Relations Section, Osaka University of Economics)