



## APPLICATION FOR ADMISSION

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This application form should be completed in full and sent to :  
International Exchange Center, Ube Frontier University, 2-1-1 Bunkyou dai, Ube, Yamaguchi-Ken,  
755-0805, Japan

(Type or print clearly)

Name : \_\_\_\_\_  
                    Last                    First                    Middle

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_  
                    Day          Month          Year

Nationality: \_\_\_\_\_

Marital Status : ( ) Married ( ) Single

Birth Place: \_\_\_\_\_  
                    \_\_\_\_\_

Address in the Home Country: \_\_\_\_\_  
                    \_\_\_\_\_

Attach a recent  
head and  
shoulders  
photograph of  
yourself.

Home Institution : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Year : \_\_\_\_\_ ( as of \_\_\_\_\_ )

Major Subjects : \_\_\_\_\_

Home Address : ( I will be here from \_\_\_\_\_ to \_\_\_\_\_ )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address : ( I will be here from \_\_\_\_\_ to \_\_\_\_\_ )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background : (List the schools you have attended in chronological order.)

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Previous Employment :

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Any Other Information:

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Parent's Name: \_\_\_\_\_

Parent's Address  
and Tel. No. \_\_\_\_\_

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Parent's Occupation : \_\_\_\_\_

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

If yes, how many times? \_\_\_\_\_

The latest entry: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Where is the place to apply for visa? \_\_\_\_\_

What is your main reason for studying in Japan?

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Self-evaluation of the Japanese Language : ( considering your level )

Speaking and Listening :

	Excellent	Good	Fair	Poor	None
Speaking					
Listening					

Reading and Writing :

	Read	Write	None
Hiragana			
Katakana			

Plan for Completion

You are requested to state your educational objectives, plans for study in your schools. You may also write about a personal characteristic, important events, or you as a person.

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I hereby certify that all the information submitted on this application form is complete and accurate.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_



## CERTIFICATE OF HEALTH

**To be filled out by a medical practitioner**

Name :	Sex	Date of Birth  (Day      Month      Year)	Age
Nationality :	Home Address :		
Height :                      cm			
Weight :                      Kg			
Vision :                      right      left without glasses : corrected :	Previous Illness :		
Color Vision :	Chest-X-Ray Findings:		
Hearing :                      right      left	(    ) normal		
In your judgment, is there any medical reason why this applicant cannot actively participate in an exchange program in Japan?	(    ) to be rechecked		
	(    ) requires medical treatment		
	Physical Examination Findings :		
	Physical Condition :		
	(    ) Excellent		
	(    ) Good		
	(    ) Fair		
(    ) Poor			

Date : \_\_\_\_\_

Physician's Name : \_\_\_\_\_

Physician's Signature : \_\_\_\_\_

Medical Facility : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_



## CONFIDENTIAL FINANCIAL QUESTIONNAIRE

Notice : Applicants are advised to use care in completing this questionnaire. In addition to being reviewed by Ube Frontier University or Ube Frontier College, a copy of this document will be submitted to the Japan Immigration Bureau as part of the official immigration procedures. Applicants are especially advised to very carefully estimate their total financial needs and resources.

Name : \_\_\_\_\_ (Print)

Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Institution : \_\_\_\_\_

Are you receiving any financial aid at your home institution ?

( ) Yes ( ) No

If "Yes", please specify the amount. AUD\$ \_\_\_\_\_

Is it transferable from your institution to Ube Frontier University or Ube Frontier College ?

( ) Yes ( ) No

Please state your anticipated resources during your stay at Ube Frontier University or Ube Frontier College :

- a. From your parents AUD\$ \_\_\_\_\_
  - b. From your earnings prior to coming to Ube Frontier College AUD\$ \_\_\_\_\_
  - c. From loans (sources) \_\_\_\_\_ AUD\$ \_\_\_\_\_
  - d. From scholarships (sources) \_\_\_\_\_ AUD\$ \_\_\_\_\_
  - e. Other (please specify) \_\_\_\_\_ AUD\$ \_\_\_\_\_
- TOTAL resources available to meet your expenses here AUD\$ \_\_\_\_\_

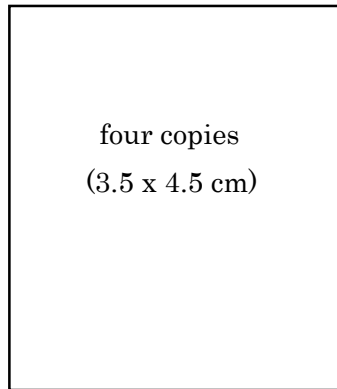
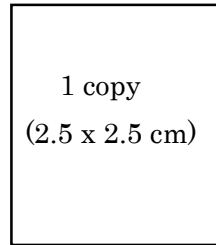
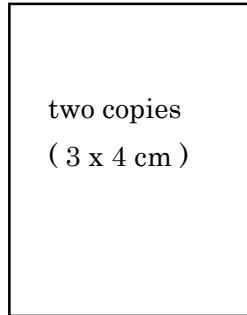
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I hereby certify that the above information is complete and accurate.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Applicants are requested to send a copy of the whole pages of the passport and pictures of them when they apply.

The numbers and sizes of the pictures are as follows:



These pictures will be used for the Application for Certificate of Eligibility, Application for Alien Registration, Student's ID Card, Application for Medical Insurance and the College File.

Exchange students are requested to buy insurance after they come to Ube Frotier University or Ube Frontier College.