

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

Previous Employment :

Any Other Information:

Parent's Name: _____

Parent's Address
and Tel. No. _____

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? _____



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 () to be rechecked () requires medical treatment		
In your judgment, is there any medical reason why this applicant cannot actively participate in an exchange program in Japan?	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. \$ _____

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 :

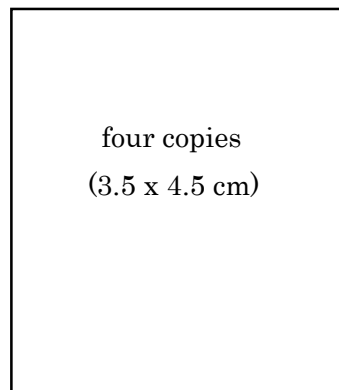
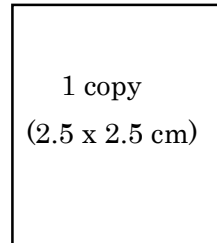
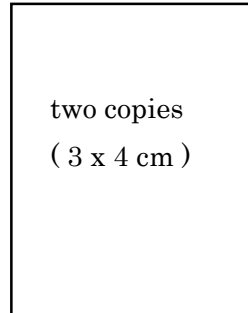
- a. From your parents \$ _____
 - b. From your earnings prior to coming to Ube Frontier College \$ _____
 - c. From loans (sources) _____ \$ _____
 - d. From scholarships (sources) _____ \$ _____
 - e. Other (please specify) _____ \$ _____
- TOTAL resources available to meet your expenses here \$ _____

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.