Application for Passarch Students, October 2024 Sample

Fill out the application by following a sample and cneck the appropriate box \square as below.

Dates of submit the application:

Kana **	Phono is also a signatur	o cross at t	ho and					
Name (in Japanese	There is also a signature space at the end.							
Traine (in Sapanest	Please don't forget to fill it out. Photo (4×3)							
				Taken within				
Name	the last 6							
(Roman alphabet)	DENTSU HANAKO	months						
Name								
(Native language)	电通 花子							
Birthday	$\times \times \times, 20 \times \times$ Gender \square Male \square Female							
D 1	(Age: ××)	NT .: 1:,	Chinasa	4				
E-mail	$\times \times \times @ \times \times .co.jp$	Nationality	Chinese					
Current Status	Details of your current university, Japanese language school or occupation.							
✓a student □an employment Name of organization: The University of Electro-Communications								
□ an unemployment □ others	Address: 1-5-1 Chofugaoka, Chofu- ci	ty, Tokyo Jap	an					
	Zip Code:182-8585 Tel: +81-42-443-5117							
Current Living Address *Write a mail address UEC send documents	1-29-1 Gakuen nishimachi, Kodaira-city, Tokyo Japan Hitotsubashi International House Zip Code: 187-0045 Tel: +81-×××							
Home Address	$\times \times $							
	Zip Code: ××-×× Tel: ×××							
Guarantor in Japan	*If the guarantor is not in Japan, please enter the guarantor in your home							
	country.							
	Name: ×× Relationship to the Applicant : ×× Profession: ××							
	Address: ××××							
	Zip Code: ××-×× Tel: ×××							
	E-mail:							
	*Please fill in the information correctly as we may contact your guarantor directly regarding the details.							

Background *Last academ received a deg Do not include	*Last academic school received a degree. Do not include any Japanese language		Name of school: the university of ××× Department: ××× Major: ×× Graduated/Expected graduate dates: ×× ×, 20××								
Subject of St	Subject of Study			Research of $\times \times \times \times$							
				Name of an academic supervisor: Ryuichi Kokusai							
academic sup and a head	Confirmation of an academic supervisor and a head of department			Name of department: Department of Informatics							
department				Please ask your academic supervisor to fill out the "Academic Supervisor Confirmation Form (Form 3)" and submit it to the International Student Office							
_	equest a confirmation to our academic supervisor.			(ISO). ISO considers your application approved by directly receiving it from the supervisor.							
				*It would be very appreciated if an academic supervisor could explain the acceptance of the student to the head of department and obtain approval.							
	□ Yes			If you answer ☑Yes, write the name of university and department/Course Name of the university: Department/Course:							
Who will pay	Who will pay the			Name: Taro Dentsu							
(Only domest transfer can accepted)	tic bank	Relationship to Applicants: □the applicant himself/herself ☐others (brother)									
		E-mail: $\times \times \times @\times \times.$ co.jp									
		Duration (Year)	Year/ Month	If you cannot make payment by yourself, Ec such as an international applicant, please							
Elementary School	Enroll ment Gradua	6 years		Enrolled in sak for a proxy agent and fill out the information of him/her.							
Junior High School	tion Enroll ment	3 years		Graduated from ××× elementary school Enrolled in××× junior high school							
	Gradua tion		20XX/X	Graduated from××× junior high school							
High School	Enroll ment Gradua	3 years $20XX/X$ Enrolled in $\times \times \times$ high school									
University	tion Enroll		20XX/X	Graduated from××× high school							
Chiversity	ment Gradua			Enrolled in the University of XXX							
Others	tion		20AA/A	Expected to graduate from the University of ×××							
Others											

Others		

Ι	pledge	that	the	information	given	in	this	application	form	is	true	and	accurate.
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Please don't forget to fill it out.	(Year) (Month) /(Day)
	Applicant's Signature