

**Waseda Summer Programme at Pembroke College, Cambridge
Application Form 2011**

Please attach
photograph here

Family Name: _____

Given Name: _____

Gender: Male Female

Date of Birth: Month _____ Day _____ Year _____

Country of Birth: _____

Nationality: _____

Current Address: _____

Telephone: +81 _____

Fax: +81 _____

Email: _____

Permanent Address: _____

Telephone: +81 _____

Fax: +81 _____

School: _____

Department: _____

Degree (Major): _____

Year of Study: _____

Course Choices (please choose two):

Language	
Social Trends	
Architecture	
Shakespeare	
British Cultural History	

If you have taken TOEFL, IELTS or equivalent English Language qualifications, please list here with your score:

Signature: _____

Date: _____

International Programmes - Health Check Questionnaire

Name:

Programme:

Date of Birth:

Details of Next of Kin

Name:

Relationship to you:

E mail address: Telephone No (incl code):

Details of Health

Please give details of any medical condition which you may wish us to know about.

Are you currently receiving treatment for the above condition? If 'yes' please give details.

Do you have any serious allergic reactions?

Do you have any food allergies? If 'yes' please provide further details.

Are there any other health issues that you would like us to be aware of?

Signature:

Date: