

Describe any academic honors, awards, publications you have achieved or scholarships you have received.

Native language _____

Japanese language education

Period of Study	City, Country	Name of Institution
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

Japanese proficiency

Please provide your assessment of your Japanese proficiency.

	Excellent	Good	Fair	Poor	None
Speaking					
Hearing					
Reading					
Writing					

If you have taken the Japanese Language Proficiency Test, please provide your level of proficiency:

_____ 1st 2nd 3rd 4th

Occupational experience

Name of employer	Location	Period of employment
		/ / - / /
		/ / - / /

Contact person residing in Japan (if any)

Name _____	Relationship _____
Home address _____	
〒 _____	Phone _____
Occupation (in detail) _____	Phone _____

Health

Rate your general health: ___ Excellent ___ Good ___ Fair ___ Poor

I certify that all the information provided on this form and in the accompanying documents is complete and accurate to the best of my knowledge, and, if admitted, I agree to comply with the rules and regulations of Waseda University.

Date: _____
 (Month) (Day) (Year)

Signature: _____

Application for Certificate of Eligibility

Family name Given name(s)

Name _____ **Nationality** _____

Home address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Passport & visa information

Passport number: _____ Date of issue: _____

Date of expiration: _____ Issuing authority: _____

Date of entry _____ Port of entry _____

Intended length of stay _____

At which Japanese Consulate/Embassy do you plan to apply for a visa? _____

Have you entered Japan in the past? ___ Yes ___ time(s) / ___ No

If yes, past record of entry

	Date of entry	Date of exit	Visa status	Purpose of your stay
1				
2				
3				
4				

Plan after completion of exchange program

() Return to home country () Enter a higher school in Japan () Find work in Japan
 () Others (_____)

Family members residing in Japan (if any)

Relationship	Name	Age	Nationality	Will Applicant Reside with This Family Member?	Occupation	Status of Residence

I certify that all the information provided on this form is accurate to the best of my knowledge, and that I filled out this form myself.

Date: _____ / _____ / _____ (yy/mm/dd) Signature: _____

Statement of Source of Funds

Name in full	Nationality
Home institution	

Please indicate below the source and amount of funding throughout the period of your study at Waseda University.

Sources of financial support	Amount (in Japanese yen)
Personal savings *Please attach your bank account balance certificate.	¥
Parent or sponsor Please specify relationship with applicant: *Please attach the bank account balance certificate of the sponsor.	¥
Government/sponsoring agency Name of your sponsor: *Please attach a copy of scholarship award letter.	¥
Other Please specify in detail: *Please submit a certificate describing the funds.	¥
TOTAL:	¥

I hereby certify that all information on this statement is true and accurate and that the stated funds are available to cover my educational and living expenses while at Waseda University.

Student signature _____

Date _____