Please fill in blanks.

Q1. Home Institution

 -Home Institution Select one

 -Major at Home Institution Fill in this blank

 -Expected Graduation Date Select the date

 -Exchange Period Select one

Q2. Personal Data

 -Name in English [Family Name] Fill in this blank

 [Middle Name] Fill in this blank

 [First Name] Fill in this blank

 -Name in Katakana Fill in this blank

 -Name in “Kanji” if any Fill in this blank

 -Country of Citizenship Fill in this blank

 -Native Language Fill in this blank

 -Place of Birth (City, Country) Fill in this blank

 -Date of Birth Select the date

 -Gender Select one

 -Marital Status Select one

 -Current Address Fill in this blank

 -Home Address Fill in this blank

 -Phone Number Fill in this blank

 -Email Address Fill in this blank

 -Family 1 Name: Fill in this blank

 Age: Fill in this blank

 Relationship: Fill in this blank

 Occupation: Fill in this blank

 Country of Residence: Fill in this blank

 -Family 2 Name: Fill in this blank

 Age: Fill in this blank

 Relationship: Fill in this blank

 Occupation: Fill in this blank

 Country of Residence: Fill in this blank

 -Family 3 Name: Fill in this blank

 Age: Fill in this blank

 Relationship: Fill in this blank

 Occupation: Fill in this blank

 Country of Residence: Fill in this blank

 -Family 4 Name: Fill in this blank

 Age: Fill in this blank

 Relationship: Fill in this blank

 Occupation: Fill in this blank

 Country of Residence: Fill in this blank

 -Family 5 Name: Fill in this blank

 Age: Fill in this blank

 Relationship: Fill in this blank

 Occupation: Fill in this blank

 Country of Residence: Fill in this blank

Q3. Educational Background (List all schools including elementary school attended in chronological order.)

|  |  |  |  |
| --- | --- | --- | --- |
|  Name of Institution | Location(City, Country) | Period(mm/yyyy – mm/yyyy) | Years Attended |
| Fill in this blank | Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank | Fill in this blank |

 -Highest diploma/degree awarded:

Fill in this blank

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

Fill in this blank

 -English Scores (if you are a native speaker, please type “NA”):

 Fill in this blank

 -Japanese Language Experience:

 Fill in this blank

 -Japanese Proficiency (Please give your own assessment of your Japanese proficiency.):

 Speaking: Select one / Listening: Select one

 Reading : Select one / Writing : Select one

 -Foreign Language study other than Japanese:

 Fill in this blank

Q4. Work Experience:

|  |  |  |
| --- | --- | --- |
|  Name of Company | Location(City, Country) | Period(mm/yyyy – mm/yyyy) |
| Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank |
| Fill in this blank | Fill in this blank | Fill in this blank |

 Military Service: Select one

Q5. Health

 -Rate your general health: Select one

 -Indicate any mental or physical disabilities if you have any:

 Fill in this blank

 *\*Provide us your health concern will not impact selection into the exchange program.*

 *This information will only be used for us to support you.*

-Do you need special support from Waseda in your academic environment because of your disability?

Select one

If you select 'Yes', download the designated form the below.

([Support Letter from the Home University (Regarding the Application for the Academic Accommodations](https://waseda.box.com/s/tls283b21u0rawwwgruwi28prjk0bppx))

-Read it carefully and fill out your sections and request the coordinator of your home university to sign and send it to SOC Waseda University (ryugaku16@list.waseda.jp).

 *\** *Informing us of your medical condition will not impact selection into the exchange program.*

 *This information will only be used for us to support you.*

Q6. Scholarship

 -Status: Select one

 -Name of the Scholarship: Fill in this blank

 -Amount of Financial Aid (per month): Fill in this blank

 *\*Please be aware you must have enough savings even if you are selected for these scholarships.*

 *\*We are sorry but our Graduate School/ School of Commerce does not provide any scholarships for incoming exchange students.*

Q7. Passport & Visa Information

 -Passport Number Fill in this blank

 -Date of Issue Fill in this blank

 -Date of Expiration Fill in this blank

 -Issuing Authority Fill in this blank

 -Do you have any past entry into/stay in Japan? Select one

 -At which Japanese Consulate/Embassy do you plan to apply for a visa? Fill in this blank

Q8. Housing

 -How do you wish to arrange your accommodation in Japan? Select one

Q9. Academic objectives at School of Commerce, Waseda University.

600-650 words in English or 800-850字 in Japanese.

Q10. Mandatory number of credits or courses that your home university requires you to take during the exchange program at Waseda University

E.G. 12 credits in total including 6 credits related to business per semester

Fill in this blank.

Q11. Course plan at Waseda University. Please refer to the course lists: <https://www.waseda.jp/fcom/soc/en/students/info_for_incoming_exchange_students>

 (Please refer to “Course List for Spring 2025” as the one for Spring 2026 will not be uploaded until March. Please also be reminded that this plan is not used for the course registration. You will register for courses in April.)

Please type in English or Japanese.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Course Key | Full Course Titles | Language | Term |
| E.G. School of Commerce | 1600004AG5 | Financial Management 1 | English | Spring semester |
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(Undergraduate: min.4, max.10)