## Application Form for Enrollment as an Online Exchange Student at the University of Tsukuba in Spring Semester 2021

筑波大学オンライン短期留学生入学願書(令和3年度春学期)

I herewith submit my application for admission to the University of Tsukuba as an Online Exchange Student. 私は、短期留学生(特別聴講学生)として貴学に入学を希望しますので、出願書類等を提出いたします。Forms written by hand will not be accepted and we kindly ask you to fill in all the blanks. 手書きは受けつけません。空白は埋めてください。\_\_\_

passport (in Roman alphabet) 出願者氏名		me 名(	Given Name	Middle Name	
(パスポートの英語表記) Nationality/Region 国籍・地域			Sex □ Male 性別) □ Femal	(男) e (女)	
Date of Birth 生年月日	Yr. 年,Mor	_ ·		Single Married	
Current Address 出願者の現住所					
	Phone:		E-mail:		
Address to which	Mr., Ms., Mrs., Dr. Name:				
Letter of Acceptance should be sent	Address:				
	Postal code:	stal code: Country:			
	Phone: E-mail:				
Name and Address of the exchange advisor at your home university 交換留学アドバイザーの氏名及び連絡先					
	Phone: E-mail:				
Name of your home university (in English) 在籍大学名(英語表記)	Name:				
	Address:				
Name of your Faculty/ School 在籍学部 / 学科			Department / Ma 学科/専攻	jor	
	Current status 在籍年次				
Date of Admission to your home university 在籍大学入学年月	20 / Yr. / Mon.	□Undergraduate (□1st □2nd □3rd □4th year □Otheryear) □Postgraduate ( Masters: □1st □2nd □Otheryear PhD: □1st □2nd □3rd □Otheryear)		2nd □Otheryear	
Course you would like to dat the University of Tsuku 筑波大学で在籍したい訳	ba	■ Special A	udit Student (特別	聴講学生)	

I. Your Online	Study at the University	y of Tsukuba 筑波大学	でのオンライン履修			
(1) Please indicate balso write the ex	pelow the start and end date of pected date of your graduation	of your online study period, as on or completion at <b>your home</b> ください。在籍大学の卒業ス	well as the number of month e university.			
Starting date of y <b>留学開始</b> !	your online study 日	留学終了日 co				
/ Year 年 Month	/ n 月 Day 日 Year 年	,,Year	,, 年 Month 月 Day 日			
		y: Total months				
(2) Online study p	olan at the University of	Tsukuba.				
Please fill in your de	esired courses in the table	below.	Host institution			
Course Number	Co	Course Name		Term		
	_					
Total credits						
※ Upon the completion	on of your application proced	dure you will be provided wit	h information about your as	signed tutor.		
Applicant's Signature	:	Date:	onth / Day / Year			
出願者署名(直筆)		目付 Mo	onth / Day / Year			
		eted by the applicant's exc を流アドバイザーによって確		なりません。		
After having reviewed 私は、Application G	their application, I recommo uidelines に記されている	e application containing the application containing the and the applicant's participation 必要書類のすべてを提出し生交流プログラムに参加する	on in the exchange program ていることを確認しました			
Printed Name: 氏名		Job Title: 職名				
Signature:		Date:	M d / D / 37			
署名		目付 N	Month / Day / Year			