



KOBE INTERNATIONAL UNIVERSITY

Application Form for International Student Exchange Program and Japanese Language Training Program

Program (Check the program you apply for)

International Student Exchange Program

Japanese Language Training Program

The semester you wish to begin studying at KIU	
<input type="checkbox"/> Spring (Year: 20)	<input type="checkbox"/> Fall (Year: 20)
Enrollment period	
<input type="checkbox"/> 1 Semester	<input type="checkbox"/> 2 Semesters (1Year)

The semester you wish to begin studying at KIU	
<input type="checkbox"/> Spring (Year: 20)	<input type="checkbox"/> Fall (Year: 20)
Enrollment period	
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 1.5 Years

Personal Information

Name(as shown in your passport)		
Family name	First name	Middle/Other
Name in Katakana(フリガナ)		Nationality
Date of birth	Marital status	Gender
Year Month Date	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth		
Country	State/Province/City	
Address in your home country		
Address		
Phone		
Fax		
E-mail		
Mailing address (if different from the above)		
Address		
Phone		
Fax		
E-mail		
Emergency contact		
Name	Relationship	
Address		
Phone		
Fax		
E-mail		
Name of your home university	Faculty or Department	
School year	Date of graduation or Expected graduation	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master's School year _____ <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	Year _____ Month _____	

Japanese Language Proficiency (Self-assessment)

Your 1st language					
Please check the appropriate boxes to indicate your Japanese language proficiency.					
	Advanced	Upper-Intermediate	Lower-Intermediate	Elementary	Beginner
Speaking					
Listening					
Reading					
Writing					
Please provide us with detailed information regarding your background of Japanese language study.					
Please list the textbooks you have used for your Japanese language study.					
Have you undertaken a Japanese language test?					
<input type="checkbox"/> No <input type="checkbox"/> Yes ▼					
Name of test	Level	Score	Date taken(dd/mm/yy)		

* Please include a copy of your test results with your application.

Declaration

I certify that the statements I have made in this application are true and correct to the best of my knowledge.	
_____	_____
Applicant's signature	Date(dd/mm/yy)

Inquiries:

International Center
 Kobe International University
 9-1-6 koyocho-naka, Higashinada-ku
 Kobe 658-0032 Japan
 TEL: +81 78 845 3456
 FAX: +81 78 845 3457
 E-mail: iecenter@kobe-kiu.ac.jp

在留資格認定証明書交付申請書
APPLICATION FOR CERTIFICATE OF ELIGIBILITY

To the Director General of
Regional Immigration Bureau

写真

Photo

40mm x 30mm

出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。
Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.

1 国籍・地域 Nationality/Region
2 生年月日 Date of birth
3 氏名 Name
4 性別 Sex
5 出生地 Place of birth
6 配偶者の有無 Marital status
7 職業 Occupation
8 本国における居住地 Home town/city
9 日本における連絡先 Address in Japan
10 旅券 Passport
11 入国目的 Purpose of entry
12 入国予定年月日 Date of entry
13 上陸予定港 Port of entry
14 滞在予定期間 Intended length of stay
15 同伴者の有無 Accompanying persons
16 査証申請予定地 Intended place to apply for visa
17 過去の出入国歴 Past entry into / departure from Japan
18 犯罪を理由とする処分を受けたことの有無 Criminal record
19 退去強制又は出国命令による出国の有無 Departure by deportation / departure order
20 在日親族及び同居者 Family in Japan or co-residents

Table with 7 columns: 続柄 (Relationship), 氏名 (Name), 生年月日 (Date of birth), 国籍・地域 (Nationality/Region), 同居予定 (Intended to reside), 勤務先・通学先 (Place of employment/school), 在留カード番号 (Residence card number). Includes a note about item 20 regarding family information.

※ 20については、記載欄が不足する場合は別紙に記入して添付すること。
Regarding item 20, if there is not enough space in the given columns to write in all of your family in Japan, fill in and attach a separate sheet.
In addition, take note that you are not required to fill in item 20 for applications pertaining to "Trainee" / "Technical Intern Training".

21 通学先 Place of study
 (1)名称 Name of school _____
 (2)所在地 Address _____ (3)電話番号 Telephone No. _____

22 修学年数 (小学校～最終学歴) Total period of education (from elementary school to last institution of education) _____ 年 Years

23 最終学歴 (又は在学中の学校) Education (last school or institution) or present school
 (1)在籍状況 卒業 在学中 休学中 中退
 Registered enrollment Graduated In school Temporary absence Withdrawal
 大学院 (博士) 大学院 (修士) 大学 短期大学 専門学校
 Doctor Master Bachelor Junior college College of technology
 高等学校 中学校 小学校 その他 ()
 Senior high school Junior high school Elementary school Others
 (2)学校名 Name of the school _____ (3)卒業又は卒業見込み年月 Date of graduation or expected graduation _____ 年 Year _____ 月 Month

24 日本語能力 (専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入)
 Japanese language ability (Fill in the followings when the applicant plans to study at advanced vocational school or vocational school (except Japanese language))
 試験による証明 Proof based on a Japanese language test
 (1)試験名 Name of the test _____ (2)級又は点数 Attained level or score _____

日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education
 機関名 Organization _____
 期間: _____ 年 Year _____ 月 Month から to _____ 年 Year _____ 月 Month まで

その他 Others _____

25 日本語学習歴 (高等学校において教育を受ける場合に記入)
 Japanese education history (Fill in the followings when the applicant plans to study in high school)
 日本語の教育又は日本語による教育を受けた教育機関及び期間
 Organization and period to have received Japanese language education / received education by Japanese language
 機関名 Organization _____
 期間: _____ 年 Year _____ 月 Month から to _____ 年 Year _____ 月 Month まで

26 滞在費の支弁方法等 Method of support to pay for expenses while in Japan
 (1)支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)
 本人負担 Self _____ 円 Yen 在外経費支弁者負担 Supporter living abroad _____ 円 Yen
 在日経費支弁者負担 Supporter in Japan _____ 円 Yen 奨学金 Scholarship _____ 円 Yen
 その他 Others _____ 円 Yen
 (2)送金・携行等の別 Remittances from abroad or carrying cash
 外国からの携行 Carrying from abroad _____ 円 Yen 外国からの送金 Remittances from abroad _____ 円 Yen
 (携行者 Name of the individual carrying cash _____ 携行時期 Date and time of carrying cash _____) その他 Others _____ 円 Yen
 (3)経費支弁者 Supporter
 ①氏名 Name _____
 ②住所 Address _____ 電話番号 Telephone No. _____
 ③職業 (勤務先の名称) Occupation (place of employment) _____ 電話番号 Telephone No. _____
 ④年収 Annual income _____ 円 Yen

- (4) 申請人との関係 (上記(1)で在外経費支弁者負担又は在日経費支弁者負担を選択した場合に記入)
 Relationship with the applicant (Check one of the followings when your answer to the question 26(1) is supporter living abroad or Japan)
- 夫 妻 父 母 祖父 祖母 養父 養母
 Husband Wife Father Mother Grandfather Grandmother Foster father Foster mother
- 兄弟姉妹 叔父(伯父)・叔母(伯母) 受入教育機関 友人・知人
 Brother / Sister Uncle / Aunt Educational institution Friend / Acquaintance
- 友人・知人の親族 取引関係者・現地企業等職員
 Relative of friend / acquaintance Business connection / Personnel of local enterprise
- 取引関係者・現地企業等職員の親族 その他 ()
 Relative of business connection / personnel of local enterprise Others

- (5) 奨学金支給機関 (上記(1)で奨学金を選択した場合に記入)
 Organization which provide scholarship (Check one of the following when the answer to the question 26(1) is scholarship)
- 外国政府 日本国政府 地方公共団体
 Foreign government Japanese government Local government
- 公益社団法人又は公益財団法人 () その他 ()
 Public interest incorporated association / Public interest incorporated foundation Others

- 27 卒業後の予定 Plans after graduation
- 帰国 日本での進学
 Return to home country Enter school of higher education in Japan
- 日本での就職 その他 ()
 Find work in Japan Others

- 28 本邦における申請人の監護人 (通学先が中学校又は小学校の場合に記入)
 Actual guardian in Japan (Fill in the following if the applicant is to study at a junior high school or elementary school)
- (1) 氏名 (2) 本人との関係
 Name Relationship with the applicant
- (3) 住所
 Address
- 電話番号 携帯電話番号
 Telephone No. Cellular Phone No.

- 29 申請人, 法定代理人, 法第7条の2第2項に規定する代理人
 Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.
- (1) 氏名 (2) 本人との関係
 Name Relationship with the applicant
- (3) 住所
 Address
- 電話番号 携帯電話番号
 Telephone No. Cellular Phone No.

以上の記載内容は事実と相違ありません。
 申請人(代理人)の署名/申請書作成年月日

I hereby declare that the statement given above is true and correct.
 Signature of the applicant (representative) / Date of filling in this form

年 月 日
 Year Month Day

注意 申請書作成後申請までに記載内容に変更が生じた場合, 申請人(代理人)が変更箇所を訂正し, 署名すること。
 Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

- ※ 取次者 Agent or other authorized person
- (1) 氏名 (2) 住所
 Name Address
- (3) 所属機関等 Organization to which the agent belongs 電話番号 Telephone No.

Application for KIU's Student Accommodation

Date of Application : Year Month Day

Applicant Information :

Name in Katakana:

Sex: Male - Female

Name:

Date of Birth: Year Month Day

Please circle the accommodation you would like to apply for.

Joyful Uozaki / Leopalace Floral / Leopalace TYK / Tokufu Mansion / UR Port Island

※ Due to the limited number of rooms, you may not be allocated to the accommodation you choose.

◆ **【Joyful Uozaki】** (Single room with private kitchen and bathroom)

(Address) 4-7-9 Uozaki Nishimachi, Higashinada-ku, Kobe
(To KIU : about 30 min by train and on foot)

(Room) 3-story apartment/about 18 m²/Living ware, Linens and Internet equipped

(Rent) **6-month payment**

Accommodation Fee (Monthly)	Period	Total
¥52,000	× 6 months	¥312,000

*Utilities included.

◆ **【Leopalace Floral】** (Twin share room: Shared kitchen and bathroom)

(Address) 8-10-4 Uozaki Minamimachi, Higashinada-ku, Kobe
(To KIU : about 30 min by train and on foot)

(Room) 3-story apartment/about 20 m²/Living ware, Linens and Internet equipped

(Rent) **6-month payment**

Accommodation Fee (Monthly)	Period	Total
¥38,000	× 6 months	¥228,000

*Utilities included.

◆ **【Leopalace TYK】** (Twin share room: Shared kitchen and bathroom)

(Address) 1-4-17 Sumiyoshi Miyamachi, Higashinada-ku, Kobe
(To KIU : about 30 min by train and on foot)

(Room) 2-story apartment/about 20 m²/Living ware, Linens and Internet equipped

(Rent) **6-month payment**

Accommodation Fee (Monthly)	Period	Total
¥38,000	× 6 months	¥228,000

*Utilities included.

◆ **【Tokufu Mansion】** (Twin share room: Shared kitchen and bathroom)

(Address) 3-3-1 Fukae Kitamachi, Higashinada-ku, Kobe
(To KIU : about 40 min by train and on foot)

(Room) 4-story apartment/about 36 m²/Living ware, Linens and Internet equipped

(Rent) **6-month payment**

Accommodation Fee (Monthly)	Period	Total
¥38,000	× 6 months	¥228,000

*Utilities included.

◆ **【UR Port Island】** (Triple share room: Private bed room/Shared kitchen and bathroom)

(Address) 3 Minatojima Nakamachi, Chuo-ku, Kobe

(To KIU : about 50 min by train and on foot)

(Room) Apartment/about 60 m²/Living ware, Linens and Internet equipped

(Rent) **6 months payment**

Accommodation Fee (Monthly)	Period	Total
¥38,000	× 6 months	¥228,000

*Utilities included.

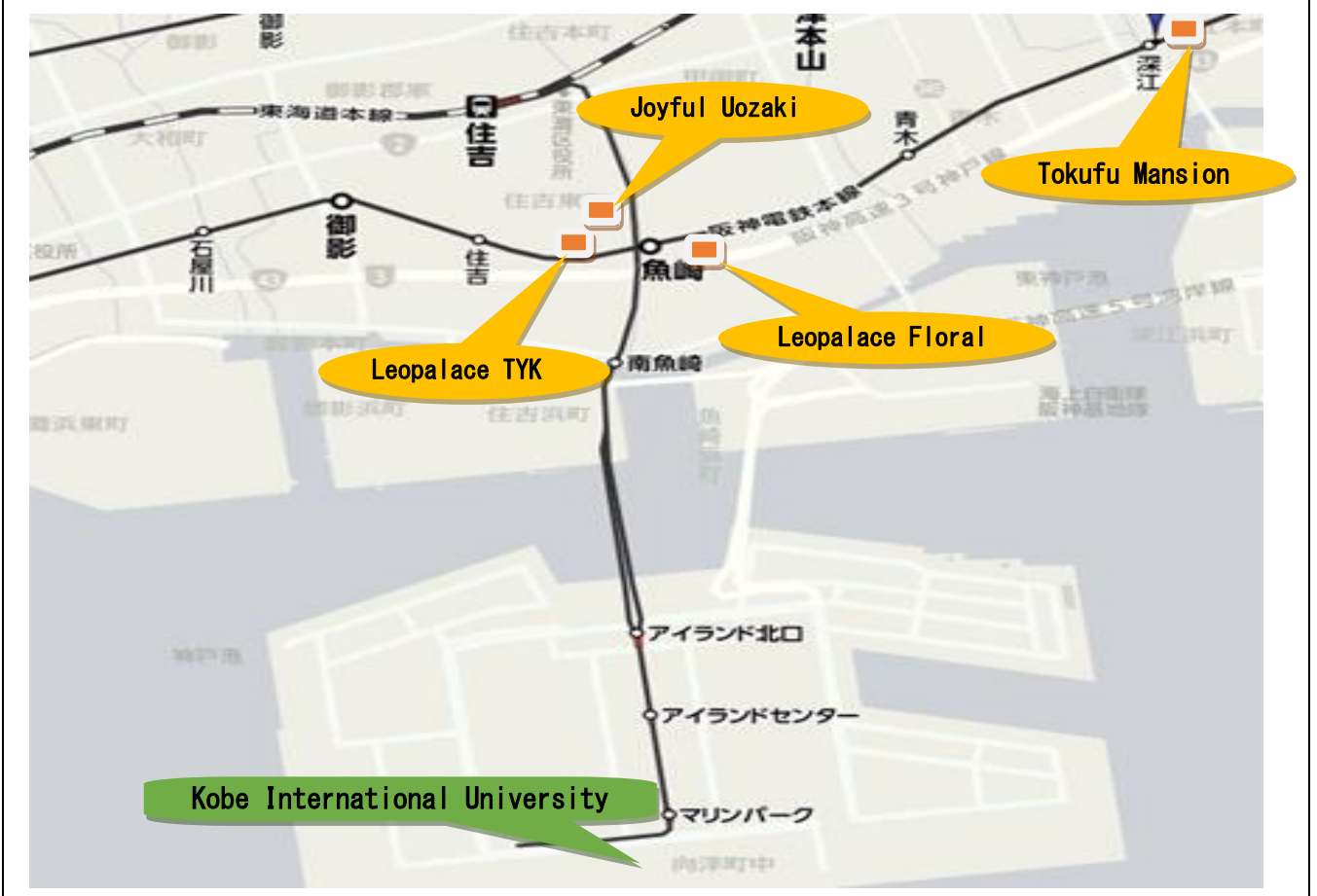
Living Expenses : Please prepare the following fees additionally to live in Japan.

Accommodation	Commuter Pass	Food	National Health Insurance
Joyful Uozaki Leopalace Floral Leopalace TYK	¥5,000	¥25,000	¥2,000
Tokufu Mansion	¥7,000		
UR	¥14,000		

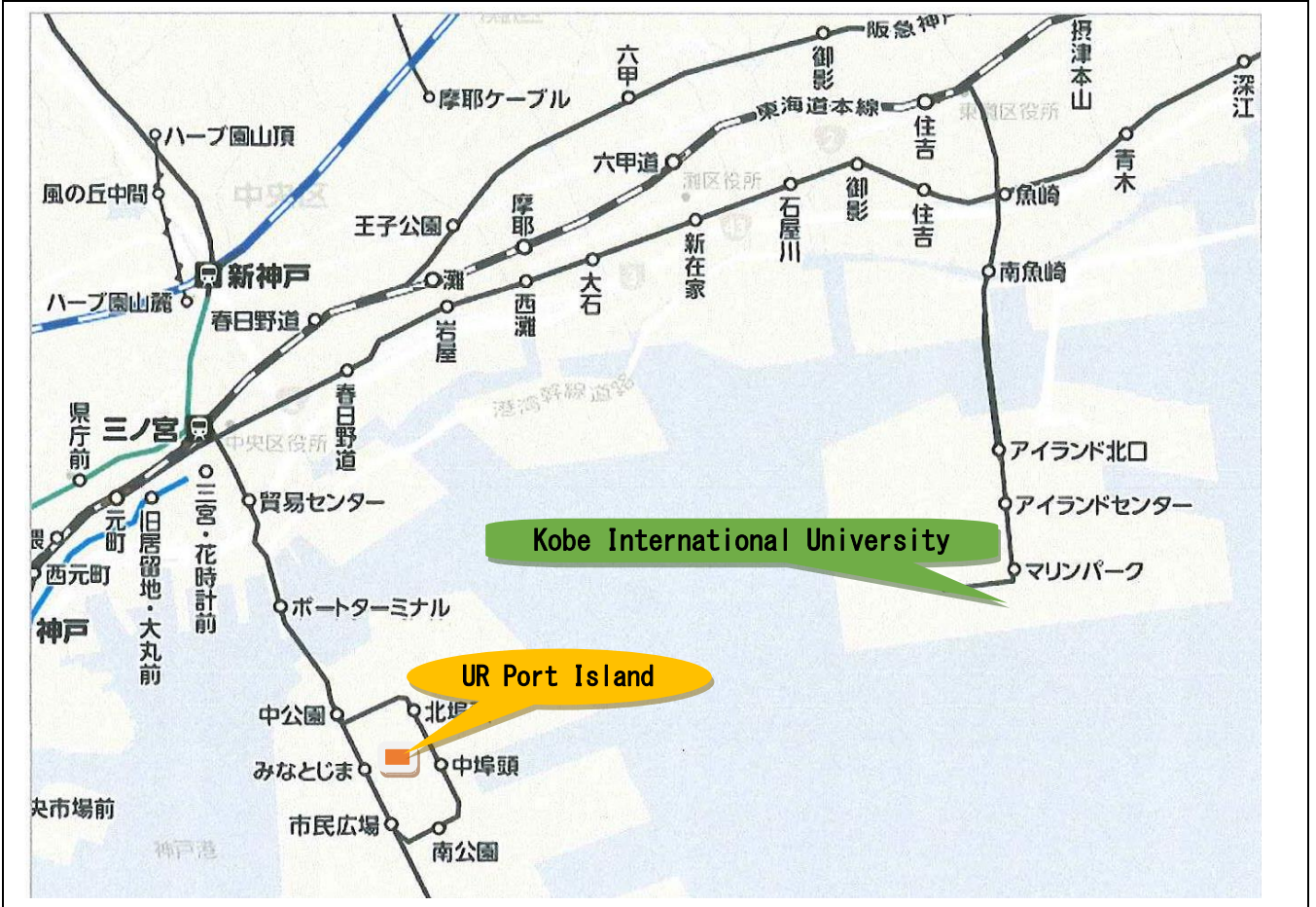
*This is the average monthly expenses of international students at KIU.

International Center
Kobe International University

Joyful Uozaki / Leopalace Floral / Leopalace TYK / Tokufu Mansion



UR Port Island



健康状況申告書 Health Declaration

全て記入すること (to be filled out)

記入日 (Date of application)

Year Month Day

志願者氏名 Name	(印)	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	国籍 Nationality
現住所 Address	生年月日 Date of birth		
1. 身長 (Height) cm 体重 (Weight) kg			
2. 既往歴について、ある場合はチェックし、年齢を記入してください。 History of past illness : (if any, indicate it with your age of contraction.)			
結核 <input type="checkbox"/>	歳 (Age)	マラリア <input type="checkbox"/>	歳 (Age)
Tuberculosis		Malaria	
リウマチ <input type="checkbox"/>	歳 (Age)	てんかん <input type="checkbox"/>	歳 (Age)
Rheumatic fever		Epilepsy	
腎疾患 <input type="checkbox"/>	歳 (Age)	心臓疾患 <input type="checkbox"/>	歳 (Age)
Kidney diseases		Cardiac diseases	
糖尿病 <input type="checkbox"/>	歳 (Age)	アレルギー <input type="checkbox"/>	歳 (Age)
Diabetes		Allergy	
その他の伝染病疾患 <input type="checkbox"/>	歳 (Age)		
Other communicable diseases			
3. 現在、治療中の病気がある場合はチェックしてください。 Present Condition : (if any, please indicate)			
扁桃腺、鼻または咽喉 --- <input type="checkbox"/>		心臓または血管 --- <input type="checkbox"/>	
Tonsils, Nose or Throat		Heart or Blood Vessels	
胃または消化器官 --- <input type="checkbox"/>		泌尿生殖器 --- <input type="checkbox"/>	
Stomach or Digestive System		Genito - Urinary	
脳または神経組織 --- <input type="checkbox"/>		血液または内分泌器官 --- <input type="checkbox"/>	
Brain or Nerbous System		Blood or Endocrine System	
肺または呼吸器官 --- <input type="checkbox"/>		骨、関節または運動器官 --- <input type="checkbox"/>	
Lungs or Respiratory System		Bones, Joints or Locomotor	
その他内臓器官 --- <input type="checkbox"/>		皮膚 --- <input type="checkbox"/>	
Other Abdominal Organs		Skin	
4. 現在の健康状態は次のとおりである。 My health and physical coniditions are :			
優 --- <input type="checkbox"/>	良 --- <input type="checkbox"/>	可 --- <input type="checkbox"/>	不可 --- <input type="checkbox"/>
Excellent	Good	Fair	Poor
5. その他特記事項があれば記入してください。 Any other remarks :			

P. 10の「伝染病に関する書類または証明書の提出について」をよく読んでおいてください。