

KIT Japanese Language Program (JLP) Summer 2020 Registration Form

Attach
head shot of
4x3 cm in size
taken within
3 months

PLEASE NOTE:

- 1) TYPE DIRECTLY on this form and save it with your FULL NAME as file name and email it together with your passport scan copy to the officer in charge.
- 2) All information provided in this form will be treated in strict confidence.

A. Personal Information

【Name】

Family name in Alphabet

Family name in *Katakana**

Middle name in Alphabet

Middle name in *Katakana**

First name in Alphabet

First name in *Katakana**

*If you are unsure of your *Katakana* notation, leave here blank. In this case, please accept that KIT will decide a *Katakana* notation of your name.

【Home University】

- Rose-Hulman Institute of Technology
- Rochester Institute of Technology
- University of Leicester

【Academic Year】

- | | |
|------------------------------------|---|
| Undergraduate | Graduate/Postgraduate |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> 1 st year |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> 2 nd year |
| <input type="checkbox"/> Junior | <input type="checkbox"/> 3 rd year |
| <input type="checkbox"/> Senior | |

【Major】

【Date of Birth】

____ / ____ / ____
month day year

【Gender】

- Male Female

【Nationality】

【Native Language】

Do you need a visa to study in the KIT JLP Summer 2020? Yes No

【Mailing Address】

Street Address

City

State

Country

Zip Code

Phone country code / area code / number

Email Address

B. Emergency Contacts

■ 1st Emergency Contact Person

Full Name	Relationship
Mobile Phone	Email Address
Language(s) Spoken	

■ 2nd Emergency Contact Person

Full Name	Relationship
Mobile Phone	Email Address
Language(s) Spoken	

C. Health Issues

1. Do you have any chronic disease? Yes No

 If 'yes', please specify.

2. Do you have any drug or animal allergy? Yes No

 If 'yes', please specify.

3. Do you have any dietary restriction (e.g. Halal, Vegetarian)? Yes No

 If 'yes', please specify.

4. Do you drink alcohol? Yes No

5. Do you smoke? Yes No

D. Immunization History

If you agree, please a box.

- I agree to take all immunizations required by KIT below and submit the Immunization History Form to KIT by May 8, 2020.

Required Immunizations
2 MMR and Varicella shots

Recommended Immunizations
3 shots of Hepatitis B

E. Passport Scan (Attach photo/scan of information page of your passport here)

F. Declaration

If you agree, please a box.

I declare that the information stated in this Registration Form is true and allow KIT to use my personal information for the administration of the program.

Date (month / day / year)