



## Short-term Exchange Student Application Form

<Fall 2024>

\*Applications should be typewritten.

\*Check the appropriate boxes.

Year                      Month                      Day

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### Attach portrait

40 x 30mm  
front/ no-hat  
glossy/ colour  
no background  
waist-up  
taken within  
3 months

<b>Name</b> *Spell your name as it appears on your passport.	<b>Family Name</b>		
	<b>First Name</b>		
	<b>Middle Name</b>		
<b>Name in Katakana</b> (if you have studied Japanese language and have a preference for your name in Katakana)			
<b>Date of Birth</b> (yyyy / mm / dd)		/	/
<b>Nationality</b>		<b>Sex</b> (M • F)	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Name of Home Institution</b>	
<b>Study Level / Year</b>	Graduate / _____ Undergraduate*/ _____ *If you are Undergraduate, please indicate the expected date of enrollment for Graduate School / Level below: /                      /
<b>Expected Date of Graduation</b> (after completing your study at Keio)	/                      /

<b>Type of Program</b> *Choose one from the three options	1. Research only
	2. Research and Courses
	3. Courses only (Taking 7 courses per week at minimum is required.)
<b>Those who choose Research (1 or 2)</b>	
I have already obtained the approval of acceptance from the research supervisor at Keio below.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No *Please get the approval before the end of application period
<b>Name of Advisor</b>	
<b>Research Topic</b>	

<b>Term of Study at Keio</b>	2024 Fall Semester (Sep.22, 2024 - Mar.31, 2025)
	2024 Fall& 2025 Spring Semesters (Sep. 22, 2024 - Sep. 21, 2025)

**Present Contact**

Present Address		
Country		
Tel. + Fax. +	E-mail	Effective till yyyy/mm /

**Permanent Contact**      **Same as above**

Permanent Address		
Country		
Tel. + Fax. +	E-mail	Effective from yyyy/mm /

**Education (from primary education to present)**

Name of Institution	Location (City/Country)	Degree Level / Name of Faculty or Graduate School	Period (yyyy/mm)	Number of years attended
			/   -   /	
			/   -   /	
			/   -   /	
			/   -   /	
			/   -   Present	
Total years of education				

**Employment (in chronological order)**

Name of Organization	Location (City/Country)	Type of Work	Period (yyyy/mm)
			/   -   /
			/   -   /
			/   -   /

**\*For International Center use only**

申請受付日	学習指導会議	理工学研究科 (                      ) 専攻
	年   月   日承認	学籍番号