Form 1		versity Graduate School		Reference Number *	*Administrative use	
	Graduate Sc 2023 Admis cation F			Examination Number *	*Administrative use	
Program		Ph.D. of Disaster Manag	Photograph			
Enrollment Period (Examination Month)		 Spring Semester (February Fall Semester (February Ex Fall Semester (June Examin 	Please affix the same photograph that you affixed to your statement of reason for applying. 4 cm (H)× 3 cm (W) Write your name on the back of the photograph.			
Name of your supervising professor at Kansai University						
Т	heme			back of the photograph.		
Name in Chinese Characters (if applicable)		Last	First	Midd	e (if any)	
Name in English		Last	First	Midd	e (if any)	
Gender		☐ Male ☐ Female	Date of Birth		dd/yyyy)	
Nati	ionality		-	ı		
Address in your home country		Postal code: City / State	Country			
Mailing Address (if different from above)		Postal code:				
Telepho	one Number					
E-mai	1 Address		@			

College/University (Undergraduate Education)

Name of college or university	
Faculty	
Department	
Graduation Date	(mm/yyyy)

College / University (Graduate Education)

Name of graduate school	
Major	
(Expected)Completion Date	(mm/yyyy)

	*Administrative use		*Administrative use		*Administrative use
Field *	Same / Different	Career *	Yes / No	COE *	Yes / No