1	F	n i	rr	n	2

Kansai University Graduate School Graduate School of Societal Safety Sciences 2023 Admission

Examination	
Number *	

*Administrative use

Photograph

Please affix the same photograph that you

Statement of Reason for Applying

Applicant's Name:				of reason for applying. 4 cm (H)× 3 cm (W)
	Last	First	Middle (if any)	Write your name on the back of the photograph.
	_			back of the photograph.

1. Academic Background

1. Academic Background				
Name of Schools / Other Educational Institutions (enter the name of all schools or educational institutions attended, starting with elementary school.)	Period of Attandance (mm/yyyy)		Faculty / Department ※1 Graduate School / Major ※2	Graduated (Completed) / Expected to graduate (completed) / Transferred
	/ (mm/yyyy)	0 <u>/</u> (mm/yyyy)		
	/ to	o/ (mm/yyyy)		
	/ to	o/		
	/ to	o/		
	/ to	o/		
	/ (mm/yyyy) to	o/		

^{*1} For undergraduate education, state your Faculty and Department.

2. Employment History

Name of Company, Government Agency, Educational/Research Institution, etc.	Period of Employment (mm/yyyy)	Occupation
	/ to / (mm/yyyy)	
	/ to / (mm/yyyy) (mm/yyyy)	
	/ to / (mm/yyyy)	
	/ to / (mm/yyyy)	
	/ to / (mm/yyyy)	

² For graduate education, state your graduate school and Major.

3. Language Proficiency

Native Language:

Evaluate your abilities using rate on a scale of 3 to 0.	3 = Excellent, $2 = $ Good, $1 = $ Fair, $0 = $ Poor
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	Reading	Writing	Speaking	Listening	Qualifications (if any)
English					
Others (if any)					
()					
4. Contact person resid	ing in your hom	ne country in ca	se of emergenc	y:	
Full Legal Name					
Relationship to the Applica	ant				
Street Address					
Telephone Number					
5. Contact person resid	ing in Japan, if	any:			
Full Legal Name					
Relationship to the Applica	ant				
Street Address					
Telephone Number					
Occupation					
Work Address					
Phone Number					
6. Your plan after comp	leting Graduat	e school of Soci	etal Safety Scie	nces	

7.	Your reason for applying to Ph.D. of Disaster Management Program at Kansai University
I h	ereby certify that all information submitted is true and accurate.
An	d, I understand and accept all the matters stated in the Application Guidelines, and hereby apply for admission to
Ka	nsai University.
Da	te of application:
Аp	plicant's signature: