T	1
rorm	

Field \*

Same / Different

Kansai University Graduate School Graduate School of Societal Safety Sciences 2026 Admission

Reference Number *	*Administrative use
Examination	*Administrative use

## **Application Form**

<u> </u>			. —		
Program	Ph.D. of Disaster Management Program			Photograph	
Enrollment Period (Examination Month)	☐ Spring Semester (February Examination) ☐ Fall Semester (February Examination) ☐ Fall Semester (June Examination)			Please affix the same photograph that you fixed to your statement f reason for applying.	
Name of your supervising professor at Kansai University			W	4 cm (H)× 3 cm (W)  Vrite your name on the ack of the photograph.	
Theme					
			•		
Name in Chinese Characters (if applicable)	Last	First	M	liddle (if any)	
Name in English	Last	First	M	liddle (if any)	
Gender	☐ Male ☐ Female	Date of Birtl	h (r	nm/dd/yyyy)	
Nationality					
Address in your home country	Postal code:  City / State	Country			
Mailing Address (if different from above)	Postal code:  City / State	Country			
Telephone Number	J				
E-mail Address	@				
College/University (U	ndergraduate Education)				
Name of college or university					
Faculty					
Department					
Graduation Date	(mm/yyyy)				
College/University (G	raduate Education)				
Name of graduate school					
Major					
(Expected)Completion Date	(mm/yyyy)				
4.1 * *		1		* A .1	
*Administrative	use    *Ad	ministrative use	I	*Administrative use	

Career \*

Yes / No

COE \*

Yes / No