Form 2
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Kansai University Graduate School Graduate School of Societal Safety Sciences 2026 Admission

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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)
<u> </u>	Last	First	Middle (if any)	Write your name on the back of the photograph.
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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.)	(mm/yyyy)			Faculty / Department ※1 Graduate School / Major ※2	Graduated (Completed)  / Expected to graduate (completed)  / Transferred
	/ (mm/yyyy)	to .	/ (mm/yyyy)		
	/ (mm/yyyy)	to _	/ (mm/yyyy)		
	/ (mm/yyyy)	to _	/ (mm/yyyy)		
	/ (mm/yyyy)	to .	/ (mm/yyyy)		
	/ (mm/yyyy)	to .	/ (mm/yyyy)		
	/ (mm/yyyy)	to .	/ (mm/yyyy)		

<sup>\*1</sup> For undergraduate education, state your Faculty and Department.

2. Employment History

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

<sup>&</sup>lt;sup>™</sup>2 For graduate education, state your graduate school and Major.

## 3. Language Proficiency

**Native Language:** 

Evaluate vour abili	ties using rate on	a scale of 3 to 0.	3 = Excellent, 2 =	= Good.	1 = Fair	0 = Poor

	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
r 1	
	ereby certify that all information submitted is true and accurate.
	d, I understand and accept all the matters stated in the Application Guidelines, and hereby apply for admission to
	nsai University.
υa	te of application:
Δn	plicant's signature:
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