

Statement of Reason for Applying

Photograph

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.

Applicant's Name: _____
Last First Middle (if any)

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 Attendance (mm/yyyy)	Faculty / Department ※1 Graduate School / Major ※2	Graduated (Completed) / Expected to graduate (completed) / Transferred
	____/____ 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) (mm/yyyy)		

※1 For undergraduate education, state your Faculty and Department.

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

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) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	
	____/____ to ____/____ (mm/yyyy) (mm/yyyy)	

Native Language:

	Reading	Writing	Speaking	Listening	Qualifications (if any)
English	☐	☐	☐	☐	
Others (if any) ()	☐	☐	☐	☐	

Full Legal Name _____

Relationship to the Applicant _____

Street Address _____

Telephone Number _____

Full Legal Name	
Relationship to the Applicant	
Street Address	
Telephone Number	
Occupation	
Work Address	
Phone Number	

7. Your reason for applying to Ph.D. of Disaster Management Program at Kansai University

I hereby certify that all information submitted is true and accurate.

And, I understand and accept all the matters stated in the Application Guidelines, and hereby apply for admission to Kansai University.

Date of application: _____

Applicant's signature: _____