## 京都精華大学

## **Kyoto Seika University Exchange Student Application**- Faculty of Humanities -

Exchange period at KSU	Month Year	Month to	Year	Total Period (	(months):				
Applicant's	Family name:								
personal	-								
details	Given					PHOTO			
	name(s): Date of birth:								
	Date of birtin.	Age:							
	Passport No:	Nationality:							
	Email:								
Permanent address									
		Postcode:							
	Phone:		F	Fax:					
Present address:									
	Postcod								
	Phone:		F	-ax:					
Academic history	to								
(including high school)	to								
	to								
	to								
	to								
Home institution	Name of institution:								
	Faculty/Department:								
	Current year of study: B.A. 1 2 3 4 M.A. 1 2  Major study area:								
	Academic supervisor:								
Interests									
Reasons for									
selecting KSU									
for exchange									

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Study Objectives and Study Plan								
Faculty in KSU:	Humanities []							
Course:								
Starting semester:	Spring	0	Fall []	Year:				
Academic supervisor at KSU (if known)								
Study Objectives (state	ement of	ourpose, back	ground / gener	al interests in relation	to application, expec	cted outcome):		
Study Plan (particular areas of interest and types of classes:								
Together with this app	olication	form, please s	send:					
a letter of recommendation from your present academic advisor,     your most recent academic transcript.								