

Japan Centre
Faculty of Asian Studies
yearinjapan@anu.edu.au

Canberra ACT 0200 Australia
Telephone: +61 2 6125 3165
Facsimile: +61 2 6125 3144

SEMESTER-IN-JAPAN PROGRAM APPLICATION FORM

Name:

Student Number:

Current Address:

Permanent Address:

Telephone Number:

Telephone Number:

Email:

Date of Birth:

Nationality:

Enrolled Degree (Program):

Major(s)/Specialisation:

Other Major(s):

Years of Japanese Study:yrs at Schoolyrs at University

Other (Please specify):

.....

Previous experience in Japan: (e.g. 6 months working holiday, 1 year exchange student at high school in Gifu, etc.)

Extra-curricular activities: (State any activities you think relevant to your exchange in Japan)

Statement of Purpose:

(What do you want to do while in Japan, how will this contribute to your future development (intellectual, personal, career) and what have you done to prepare yourself for this experience. Please be as specific/concrete as possible.)

Do you have any pre-existing **health conditions** which should be taken into consideration (e.g. diabetes, asthma)?

Signature.....

Date:

This form must be submitted to the Faculty's admin offices (BPB 2nd floor) by 5 PM, 12 November (Thur), 2009.

OFFICIAL USE ONLY:

Approved: Date.....

Date.....

.....

.....

Mark Gibeau
Year-in-Japan Coördinator

Shun Ikeda
Head, Japan Centre