**Kyoto KPU Summer Seminar 2025 (KKSS2025)**

**Application Form**

Seminar Period: August 4 (Monday) - August 9 (Saturday), 2025
Application Deadline:　TBD, 2025

**Personal Information**

**Name**
Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Name in Japanese** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Date of Birth**: (YYYY/MM/DD)

**Gender**: □ Male　□ Female　□ Other

**Home University**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**Faculty/Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**Year of Study**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Expiry Date**: \_\_\_ \_\_ (YYYY/MM/DD)

**Contact Information**

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number** (with country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address**:

**Emergency Contact**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number (with country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Japanese Language Proficiency**

**Japanese Learning Experience (minimum 1 year required):**:

 \_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_ Months

**Japanese Language Level**:

□ Beginner - Can greet and have basic daily conversations

□ Intermediate - Can have daily conversations without difficulty and do basic reading and writing

□ Advanced - Can converse on social and abstract topics and read newspapers

**Japanese Language Proficiency Test (JLPT) Level** (if applicable):

□ N1　□ N2　□ N3　□ N4　□ N5　□ Not taken

**Preferred Course Type**:

□ Type 1 (For beginners)

□ Type 2 (For intermediate and advanced students)

**Health Information**

**Allergies**: □ Yes　□ No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions**: □ Yes　□ No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_

**Medical Conditions or Regular Medications**: □ Yes　□ No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Motivation for Participation**

Please state your reasons for applying to this seminar (200 words maximum):

**Declaration**

I confirm that the information provided above is accurate, and I pledge to follow the rules and regulations of Kyoto Prefectural University during the seminar.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_ \_ \_\_\_\_ (YYYY/MM/DD)

**Recommendation - To be completed by a faculty member at your home university**

Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ \_\_\_ (YYYY/MM/DD)

**Submission Information**:

Kyoto Prefectural University International Center 1-5 Shimogamo-hangi-cho, Sakyo-ku, Kyoto 606-8522, Japan Email: kokusai@kpu.ac.jp

Please submit the completed application form by email to the address above by the application deadline.