

KIT Japanese Language Program (JLP) Summer 2023 Registration Form

Attach
head shot of
4x3 cm in size
taken within
3 months

PLEASE NOTE:

- 1) All information provided in this form will be treated in strict confidence.
- 2) Red boxes are mandatory fields.

A. Personal Information

【Name】

Family name in Alphabet

Family name in *Katakana**

Middle name in Alphabet

Middle name in *Katakana**

First name in Alphabet

First name in *Katakana**

*If you are unsure of your *Katakana* notation, leave this part blank and KIT will determine an appropriate *Katakana* notation for your name.

【Home University】

- Rose-Hulman Institute of Technology
- Rochester Institute of Technology
- University of Leicester

【Academic Year】

Undergraduate

- 1st year
- 2nd year
- 3rd year
- 4th year

Graduate/Postgraduate

- 1st year
- 2nd year
- 3rd year

【Major】

【Date of Birth】

____ / ____ / ____
month day year

【Gender】

- Male
- Female

【Nationality】

【Native Language】

Do you need a visa to study in the KIT JLP Summer 2023?

- Yes
- No

【Mailing Address】

Street Address

City

State/County

Country

Zip Code

Phone country code / area code / number

Email Address

B. Emergency Contacts

■ 1st Emergency Contact Person

Full Name	Relationship
Mobile Phone	Email Address
Language(s) Spoken	

■ 2nd Emergency Contact Person

Full Name	Relationship
Mobile Phone	Email Address
Language(s) Spoken	

C. Health Issues

1. Do you have any health, allergies, medical or other related issues that KIT needs to be made aware of? Yes No

If 'yes', please specify.

2. Do you have any dietary restriction (e.g. Halal, Vegetarian)? Yes No

If 'yes', please specify.

D. Insurance

If you agree, please a box.

- I agree to buy both the insurance required by KIT and my own international travel insurance to supplement its coverages.

* KIT insurance only covers injuries and no medical expenses are covered either. Its detailed coverages and insured amounts will be announced later.

E. Passport Scan (Attach photo/scan of information page of your passport here)

F. Declaration

If you agree, please a box.

I declare that the information stated in this Registration Form is true and allow KIT to use my personal information for the administration of the program.

Date (month / day / year)