

## Application form for Summer Program One Week Experience in Kobe University 2016

<b>Name</b>					<b>photo</b> (you can insert a graphic file here)	
<b>Date of Birth</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>	<b>Age</b>		
<b>Nationality</b>				<b>Gender</b>		<b>M/F</b>
<b>Passport Number</b>						
<b>Name of Current University</b>						
<b>Major</b>						
<b>Year of Entrance to University</b>			<b>Current Year</b>			
<b>Home Address</b>						
<b>TEL</b>			<b>FAX</b>			
<b>Email</b>						
<b>What makes you motivate to join this program?</b>						
<b>[Conditions of Application]</b>						
1. Will you abide by the rules of Kobe University and Japanese Law?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Will you participate seriously in all the activities as understood in the objectives of the program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Will you take out overseas travel insurance (illness, injury, indemnity) to cover costs incurred through possible illness and accidents?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Date of Application:</b>		<b>Year</b>	<b>Month</b>	<b>da Signature:</b>		