

Gap Year Application: Japan Student Application

Application Checklist



Applicant's Name:

For Office Use Only: Student ID#:

PLEASE INDICATE PROGRAM LENGTH AND PREFERRED DEPARTURE DATE.

Program	Program Length
<input type="checkbox"/> Tokyo - Japan	<input type="checkbox"/> 3 month term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
	<input type="checkbox"/> 6 month term: <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Winter/Spring
	<input type="checkbox"/> 9 month term

Please complete and send the following application materials to CIEE in English and in clear, uppercase handwriting to the address at the end of checklist. Attach photos to applications using a paper clip (DO NOT USE GLUE OR TAPE). Write your full name on the back of each photo. Please note that CIEE will review the application only after all required materials have been submitted.

FOR ALL APPLICANTS:

- Application Checklist**
- Personal Information** (Page 2)
- Homestay Information** (Pages 3-7)
- Teacher's Recommendation** (Pages 8-9)
- High School Transcript**
Please attach a copy of your most recent official school transcript.
- Statement of Applicant's Health** (Pages 10-11)
Due no later than 30 days before departure. This statement cannot be completed or signed by a physician related to the applicant.
- Participant Contract** (Pages 12-13)
- Agreement and Release Form** (Page 14)
CIEE cannot accept any exceptions or alterations to the outlined conditions.
- Fees and Cancellation Policy** (Page 15)
- Emergency Contact Information** (Page 16)
- Copy of Passport**
If you have been to Japan, also send copies of the pages with entry/exit stamps.
- Six Passport Photos of the Applicant** (2" x 2" required)
Please send standard U.S. sized passport photos (2" x 2").

FOR SIX OR NINE MONTH APPLICANTS ONLY:

- Visa Application** (Pages 17-23)
- Certificate of High School Diploma**
If you are currently completing your senior year, send a letter from your school stating your graduation date (day/month/year).
- Copy of Bank Statement**
In order to issue a student visa, Immigration would like to make sure your parents have means to support you while you are in Japan.

HOW DID YOU FIND OUT ABOUT CIEE?

- Facebook
- E-Newsletter
- Mail
- School visit
- Website, name:
- Referral, name:
- Other:

Please note that CIEE will not review this Student Application until all documents have been received.

Please send completed application to:
CIEE, Gap Year Program
300 Fore Street, Portland, ME 04101

Tel: 1.800.40.STUDY
Fax: 1.207.553.5049

Gap Year Application: Japan Student Application

Personal Information



Applicant's Name:		For Office Use Only. Student ID#:	
Program Length:		No.	登録日
<input type="checkbox"/> 3 month term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> 6 month term: <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Winter/Spring <input type="checkbox"/> 9 month term		在留資格	短期滞在・その他 ()

氏名 (漢字) Name-Alphabet:		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		Photo 4.0cm x 3.0cm (U.S. sized 2"x 2" acceptable)
国籍 Nationality:	出生地 Place of Birth:	職業 Occupation:		
生年月日 Date of Birth (Y/M/D):	年齢 Age:	本国電話 Telephone:		
本国住所 Home Address:		Email Address:		

■ 旅券情報 PASSPORT INFORMATION

旅券番号 Passport No.:	発行年月日 Date of Issue (Y/M/D):	有効期限 Date of Expiration (Y/M/D):
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■ 日本語学習歴 YOUR JAPANESE LEARNING HISTORY

学習期間 How long?:	ヶ月、年 Months Years	学習機関 Where did you learn?:
学習頻度 週 How often?:	時間 Hrs / week	日本語能力試験などの取得資格 Any certificate you have such as JLPT?:

FAMILY INFORMATION

Mother or Legal Guardian	Relationship:
Last name:	First name:
Employer:	Work phone:
Email address:	Cell phone:

Father or Legal Guardian	Relationship:
Last name:	First name:
Employer:	Work phone:
Email address:	Cell phone:

Brother(s) and Sister(s)			
First name	Age	Sex	Living at home?
1.			
2.			
3.			
4.			
5.			
Mother:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Father:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Parents:	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
I live with:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:		

EDUCATION INFORMATION

High school name:	
Address:	
Name of college or university:	Deferred until (date):

Gap Year Application: Japan Student Application

Homestay Information ホームステイ アプリケーション フォーム



Applicant's Name:

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TO BE FILLED OUT BY APPLICANTS

個人情報 PERSONAL INFORMATION

姓 Surname:	名 First Name:
ニックネーム Nickname:	
国籍 Nationality:	生年月日 Date of Birth (Y/M/D):
年齢 Age:	性別 Sex:
宗教 Religion:	職業 Occupation:
学校名 Name of your school in your country (if you are a student):	
住所 Address:	
自宅電話 Home Phone Number:	携帯電話 Mobile Phone Number:
E-mail:	

家族構成 FAMILY INFORMATION

氏名 Name	年齢 Age	続柄 Relation to you	職業 Job

緊急連絡先 EMERGENCY CONTACT INFORMATION

氏名 Name:	続柄 Relationship:
住所 Address:	
電話番号 Phone:	ファックス番号 Fax:
E-mail:	

Gap Year Application: Japan Student Application

Homestay Information ホームステイ アプリケーション



Applicant's Name:

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あなた自身について簡単に書いてください。将来の夢や職業なども。

PLEASE TELL US ABOUT YOURSELF. INCLUDE WHAT YOU WOULD LIKE TO BE OR DO IN THE FUTURE, YOUR DREAMS, ETC.
ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU?

日本語をどのくらい話せますか？ MY SPOKEN JAPANESE LEVEL IS

- | | |
|----------------------------|--|
| 1 <input type="checkbox"/> | まったくできない
Just a few words here and there. Basically zero. |
| 2 <input type="checkbox"/> | 挨拶程度
Very basic Japanese. (Greetings, basic phrases) |
| 3 <input type="checkbox"/> | 簡単な話題であれば、日常会話をしたり、ある程度意思を伝えることはできる
If the topic is not too difficult, I can hold simple conversations and communicate in Japanese. |
| 4 <input type="checkbox"/> | 幅広い話題でも簡単な日常会話でき、意思を伝えることはできる
I can hold basic conversations and communicate in a variety of topics. |
| 5 <input type="checkbox"/> | 日常生活において、会話をしたり、意思を伝えることがほぼ問題なくできる
I can hold conversations and communicate with no problem in everyday living. |

英語をどのくらい話せますか？ MY SPOKEN ENGLISH LEVEL IS

- | | |
|----------------------------|---|
| 1 <input type="checkbox"/> | まったくできない
Just a few words here and there. Basically zero. |
| 2 <input type="checkbox"/> | 挨拶程度
Very basic English. (Greetings, basic phrases) |
| 3 <input type="checkbox"/> | 簡単な話題であれば、日常会話をしたり、ある程度意思を伝えることはできる
If the topic is not too difficult, I can hold simple conversations and communicate in English. |
| 4 <input type="checkbox"/> | 幅広い話題でも簡単な日常会話でき、意思を伝えることはできる
I can hold basic conversations and communicate in a variety of topics. |
| 5 <input type="checkbox"/> | 日常生活において、会話をしたり、意思を伝えることがほぼ問題なくできる
I can hold conversations and communicate with no problem in everyday living. |

日本に来るのは何回目ですか？ Have you ever been to Japan before? (If yes, how times?)

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Homestay Information ホームステイ アプリケーシ



Applicant's Name:

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ホストファミリーへの手紙をお書きください。

PLEASE WRITE A SHORT LETTER TO YOUR HOST FAMILY

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Homestay Information ホームステイ アプリケーション

ciee

Applicant's Name:

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生活情報 PERSONAL INFORMATION

話す言語 / レベル

What languages can you speak, and how well? (For multiple languages, please let us know which one you use the most.)

ホームステイの経験はありますか? (場所、期間)

Have you ever done a home stay before? Yes No

If yes, where and how long?

タバコを吸いますか? (日本での喫煙は20歳以上で、禁煙の場所が多いです)

Do you plan to smoke in Japan? Yes No (Please keep in mind, Japanese law prohibits smoking for minors under 20 years old)

子供は好きですか?

Do you enjoy being around children? Yes No

好きな食べ物

What foods do you like to eat?

嫌いな食べ物

What foods would you rather not eat?

日本食は好きですか?

Do you like Japanese food? Yes No (If you've never eaten it before, you don't need to answer this question)

朝食によく食べているもの

What do you usually eat for breakfast?

夕食によく食べているもの

What do you usually eat for dinner?

アレルギーについて Allergies

Do you have any allergies? (Food or otherwise)

好きな動物

Any animals you like?

嫌いな動物

Any animals you don't like?

趣味

What do you like to do? (Hobbies, how you spend your free time, etc.)

追加プログラム (家庭料理・茶道・空手・華道・書道など)

Optional Programs (Japanese Cooking Japanese Tea Karate Flower Arrangement Syodo (Calligraphy))

ホームステイファミリーについて、特別なリクエストがあればご記入ください。(すべてのリクエストにはお答えできないことがありますので、ご了承ください)

If you have any special requests for your homestay family, please list them here. We'll try our best to accommodate your request, but we can't guarantee it.

日本での滞在中にやってみたいこと

Is there anything that you would particularly like to do while in Japan?

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Homestay Information ホームステイ アプリケーション



Applicant's Name:

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身体的疾患 I am taking the following medications for physical illnesses/disorders:

(既往症、治療中、共に詳細を記入してください)

If you are currently taking any medications or undergoing treatment, please include a separate explanation:

精神的疾患 I am taking the following medications for mental illnesses/disorders:

(既往症、治療中、共に詳細を記入してください)

If you are currently taking any medications or undergoing treatment, please include a separate explanation:

現在投薬を受けていますか？

Are you currently taking any other medication?:

現在の症状

What kind of symptoms do you have currently?:

持病などが発症した際の対処方法

Is there anything we or others can do or should know in the case of any serious symptoms or problems?:

海外旅行障害保険に加入していますか？

Have you purchased overseas travel and/or medical insurance? Note: If you are a resident of the U.S. CIEE will purchase a supplemental insurance policy on your behalf. If you are not a U.S. resident, please contact CIEE for more information.

I declare the above information to be true and accurate to my best belief.

署名
Signature:

日付
Date:

プログラム情報 PROGRAM DETAILS - TO BE COMPLETED BY CIEE

ホームステイ開始日
Home stay Start date:

終了日
Finish date:

学校情報 SCHOOL INFORMATION - TO BE COMPLETED BY CIEE

ビザ情報
Visa Type:

パスポート番号
Passport Number:

発行日
Date Issued:

有効期限
Expiry Date:

学校名
Name of school (in Japan):

コース : 開始 時 分 / 終了
Course: Start Time: ____:____ AM・PM

時 分 / 終了
End Time: ____:____ AM・PM

学校開始日
Start Date:

終了日
Finish Date:

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Teacher's Recommendation



Applicant's Name:

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FOR THE APPLICANT TO COMPLETE

Complete the following section and give this form to your evaluator. Evaluations may be sent separately from the rest of the application; however, applications will not be reviewed until all materials have been received. **Please print your responses in dark ink, or type out.**

Applicant's name:

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this evaluation and I understand that this evaluation will be used only for the purpose for which it was prepared. Yes No

Signature:

Date:

FOR THE EVALUATOR TO COMPLETE

The individual named above is applying to participate in a CIEE-administered study abroad program. Study abroad is challenging and exciting for most participants. However, it can be demanding. It is therefore important that you give us your candid evaluation on the preparation and suitability of the candidate for this particular program. If you would like more detailed information, please visit the CIEE website at www.ciee.org/hsabroad/gap or contact CIEE at 1.800.40.STUDY. Please also evaluate the candidate's personal maturity in light of the planned period of study abroad. Please use an additional sheet if necessary.

1. How long, and in what capacity, have you known the applicant?

2. Based on your knowledge of the program is the program appropriate for the applicant? How will the applicant benefit from this experience? Please comment on any special academic background which might be relevant.

3. Does the applicant demonstrate a consistently high level of social and personal maturity? Please comment.

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Teacher's Recommendation



Applicant's Name:

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4. If you were the director of this program, would you welcome this applicant as a participant or would you have reservations? Please comment.

5. If you are familiar with the applicant's Japanese language ability, please check a number on the following chart to evaluate the applicant's ability in the program language.

<input type="checkbox"/> 6	Absolute proficiency in program language. Student is able to both understand and converse, dealing with abstract terms.
<input type="checkbox"/> 5	Student responds naturally in program language although not perfectly. Has good vocabulary and understands almost everything. Can respond intelligently, but needs practice.
<input type="checkbox"/> 4	Student understands the basics of the language. Vocabulary deals with everyday common terms. Thinks quickly, but evident that he/she is translating. Gets lost when conversation departs from basics. Makes mistakes, but is understandable. Can carry on a conversation.
<input type="checkbox"/> 3	Student can understand much more than he/she can communicate, however makes an effort. Can respond in some sentence forms even if grammar and structure are not perfect.
<input type="checkbox"/> 2	Student understands words, but not sentence thoughts. Speaking ability is limited to a few words.
<input type="checkbox"/> 1	Student cannot understand and knows little or none of the program language.

6. Please add any additional information that will assist us in the selection process.

Please sign below and return this form to the applicant in a signed sealed envelope, or mail directly to CIEE at:

CIEE, Gap Year Abroad
300 Fore Street, Portland, ME 04101

Recommendations can also be emailed or faxed to Carol Campos at ccampos@ciece.org or 207.553.5049.

Signature:

Date:

First name:

Last name:

Title:

Department:

Institution name:

Address:

Phone:

Fax:

Email:

Please send me more information about CIEE High School/Gap Year Abroad Programs: Yes No

Gap Year Application: Japan Student Application

Statement of Applicant's Health To be completed by attending physician



Applicant's Name:

For Office Use Only. Student ID#:

Please print this section out and have your physician fill it in by hand.

This form must be returned to CIEE no later than 30 days before departure.

Please mail completed form to: CIEE, Gap Year Abroad, 300 Fore Street Portland, ME 04101

This form can also be faxed to Carol Campos at 207.553.5049.

Has the applicant ever had any of the following:

Any disease, impairment, abnormality of:

Yes	No	Yes	No	Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Drugs	<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Blood, Endocrine System
<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints, Locomotor System
<input type="checkbox"/>	<input type="checkbox"/>	Pet Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Brain, Nervous System
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Digestive System/Abdominal Organs
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Ears or Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Parasites (intestinal, other)	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or Vision
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary System
<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Heart or Blood Vessels
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System, Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, Nose, or Throat
<input type="checkbox"/>	<input type="checkbox"/>	Goiter (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins

Pulse rate:

Respiration:

Temperature:

Blood pressure:

Height:

Weight:

Blood type:

If "Yes" was checked for any of the above, physician must provide **full details and dates of treatment.**

Has student ever been hospitalized? Yes No If yes, please explain:

Has applicant ever been advised to have surgery which has not been done? Yes No If yes, please explain:

If the answer to any of the following questions is yes, please provide details, using a separate sheet if needed. In each case, please indicate whether the condition is likely to affect the student's full participation in the program.

Is the applicant currently taking any medications? Yes No

Is the applicant allergic to any form of medication? Yes No

Is the applicant currently under treatment or observation for any physical or emotional condition? Yes No

Does the applicant have any speech, hearing, or eyesight impairment that might affect participation in the program? Yes No

Should the student be restricted from any type of physical activity? Yes No If yes, please explain:

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Statement of Applicant's Health To be completed by attending physician



Applicant's Name:

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PLEASE PRINT THIS SECTION OUT AND HAVE YOUR PHYSICIAN FILL IT IN BY HAND.

If there are any drugs (prescription or nonprescription) that should not be administered, please list them here:

Please indicate any other pertinent medical information that may have been omitted (such as abnormal blood pressure, weight problems, etc.):

Does the applicant have to wear glasses? Yes No Does the applicant wear contact lenses? Yes No

If yes, complete the following ophthalmic information:

(OD) Ocular Dexter Sphere: Cylinder: Axis: Prism: Base:

(OS) Ocular Sinister Sphere: Cylinder: Axis: Prism: Base:

Add: Base Curve: Other:

If no, vision without glasses: OD: OS:

IMMUNIZATION RECORD

Participants are strongly advised to discuss their travel plans with their physician and to obtain any additional recommended immunizations. Please note that proof of specific immunizations may be required to obtain a student visa in some countries. For more information, consult the consulate for your jurisdiction.

Vaccine	Date each dose was given				
	1st month/day/year	2nd month/day/year	3rd month/day/year	4th month/day/year	5th month/day/year
Polio (TOPV)					
DPT and/or TD (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)					
Measles (Rubeola—10 day, red measles)			If no immunization, give date student had measles.		
Rubella (German measles—3 day, measles)			If no immunization, give date student had rubella.		
Mumps			If no immunization, give date student had mumps.		
Varicella (Chicken Pox)			If no immunization, give date student had varicella.		
Hepatitis A					
Hepatitis B					

Tuberculin skin test: + - Date of test:

If positive, report of negative x-ray & copy required. Chest x-ray: + - Date of x-ray:

Has applicant received BCG? Yes No Date of test:

Your opinion of the state of the applicant's health: Excellent Good Fair Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's signature*: Name (print):

Address: Date:

*Signing physician cannot be a family relation of the applicant.

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Participant Contract



Applicant's Name:

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As a Gap Year Program participant, you have been granted the unique opportunity to spend a semester/year abroad prior to starting your college or university studies. With this privilege come important responsibilities which are to be taken very seriously. Please familiarize yourself with the Participant Contract, it outlines important points that must be followed while in your host country. They were designed for your safety and created with your best interests in mind. They are key factors to having a successful year abroad. Any violation of these policies may lead to the termination of your participation on the program and/or an early return home.

Participant Contract

1. I certify that I do not have any physical or mental condition which will create a danger or hazard for me, other participants, or hosts in the program.
2. I understand that I am solely responsible for my pre-program, program, and post-program medical care in all respects, including, but not limited to, obtaining and taking necessary medication(s), vaccinations, and any other medical care and treatment. I certify that I will consult a physician qualified in travel medicine, immunizations, and infectious/tropical diseases prior to my trip departure.
3. I understand that I am expected to take an active part in the program, including orientation, evaluation seminars, and all other activities prescribed by CIEE. I am expected to represent my country as an "ambassador" and thus make a considerable contribution towards the understanding between my host country and the United States. I understand that attendance in scheduled classes and volunteer/internship projects is a mandatory component of the program. Poor attendance, lack of compliance with program rules, and/or poor attitude is cause for dismissal.
4. I understand that I will be placed with a host family and will live as a member of the family and will conform to the obligations, rules and customs of the family. I am prepared to live in any family without regard to race, religion, or socio-economic status. The host family may be composed of a single parent with child/children, or a couple without children living in the home.
5. I understand that if I would like to request a change of host families I must do so through the Program Coordinator. Each request for a change of host family will be reviewed on a case by case basis. Host family changes are not made solely at the participant's request.
6. I understand that if I am a non-smoker, but begin to smoke while abroad, I may not smoke in the home, unless permission is granted by the host family. I understand that Japanese law prohibits smoking for minors under 20 years old.
7. I understand that I am obligated to comply with local laws and customs while traveling abroad. Many such local laws and customs may be substantially different from those in my home country. I recognize that my conduct can have an effect on the educational and other benefits intended by the program for other participants, hosts, and myself. I agree to conduct myself in a manner that will support mutually beneficial interaction with other participants and hosts. I understand that conduct considered unacceptable to CIEE includes, but is not limited to, excessive use of alcoholic beverages, loud and/or abusive behavior toward others, sexual harassment, criminal conduct of any kind, use of drugs other than prescribed drugs for legal medicinal purposes, and/or unwillingness to cooperate with other members of the program, hosts, and program management. Such conduct as well as any other conduct which in the sole discretion of CIEE may be damaging to the program, other participants, working relations with governments, suppliers, and educational institutions with which CIEE contracts/cooperates, may lead to dismissal of participant from the program. Dismissal of participant by CIEE will not reduce the obligation of the undersigned for payment of full program costs.
8. I understand that I am subject to the laws of the host country regarding the use of alcohol. Alcohol abuse by students is viewed by CIEE as a serious violation of the terms of participation and will be treated accordingly. Consumption of alcohol that causes a student to miss class or be unable to participate fully in a classroom activity or with the host family is considered alcohol abuse. I understand that Japanese law prohibits alcohol consumption for minors under 20 years old.
9. I understand that I am solely responsible for any and all expenses and costs incurred by me before, during, and after the program except for the costs of items which are expressly listed in the CIEE Gap Year website. Under no circumstances will CIEE be responsible for any participant expenses incurred in preparing for the program. Said expenses include, but are not limited to: visa fees, passport fees, immunization expenses, or any other expense incurred by the participant in preparation for the program.
10. I understand that I may not be allowed to perform any paid employment and that I must have available \$250 a month in pocket money. I understand that I am obligated to pay all bills accruing, (including telephone, internet connection fees, postal expenses, and additional medical costs not paid by insurance and similar) after receiving the bill or at the latest before I return home at the end of the program.
11. I understand hitchhiking, the purchase or possession of weapons, or driving any form of motorized vehicle, such as automobiles, motorbikes, and/or motorcycles is strictly prohibited.
12. I understand the possession and/or use of marijuana, or any controlled substance or drug is grounds for immediate dismissal from the program.
13. I understand and agree that if CIEE secured a visa for a participant and said participant withdraws or is dismissed from the program before departure or during the program, the participant may not use the visa to enter or remain in the program country. I understand that CIEE may report withdrawal to appropriate immigration officials of the program country.
14. I understand and agree that if I withdraw from a program, I must notify CIEE in writing about my withdrawal. Withdrawals are effective only upon the date of receipt of written notification by the CIEE Gap Year program department. Please refer to Fees and Cancellations Page for refund schedule.
15. I understand that a return to the United States before the end of the program year requires the consent of CIEE. A return to the United States without permission of the organization will result in dismissal from the program.
16. CIEE reserves the right to make changes in the program's itinerary sequence, as well as other changes, including, but not limited to, substitutions of or changes in excursions, activities, orientations, and topics currently described. Any and all such changes are without liability on the part of CIEE.
17. I understand that CIEE will distribute my name, address, email address, and telephone number to other program participants, staff, and sending schools.
18. All U.S. resident program participants are covered by travel insurance purchased on their behalf by CIEE. Coverage provided by this policy is meant to supplement private insurance and to provide coverage for activities related to traveling abroad. I understand that detailed information on the coverage of this policy has been made available to me. Additional medical, evacuation, trip cancellation, trip interruption, baggage loss/damage, accident/sickness, and any and all other applicable insurance is strongly recommended. I understand that health care and evacuations outside my home country are not covered by most standard insurance policies and can be extremely expensive. I am solely responsible for payment of any and all medical evacuation, trip cancellation, trip interruption, baggage loss/damage, accident/sickness, and any and all other insurance expenses incurred by me during my program or related to my program. If I am not a U.S. resident I agree to obtain an individual travel insurance policy with similar or better coverage. I understand I am solely responsible for my medical, psychological, and physical condition during the duration of my program with CIEE. Should any medical, psychological, or physical problems arise during the course of my program with CIEE, I am solely responsible for any and all care that I may need. I understand and agree that I am also solely responsible for paying for the costs and expenses of any such care.
19. I understand that, prior to commencement of any travel, I must inform CIEE resident staff of any travel outside of the city hosting my Gap Year Abroad program. I understand that I am solely responsible for all independent student travel throughout the duration of the CIEE program. I

Gap Year Application: Japan Student Application

Participant Contract



Applicant's Name:

For Office Use Only. Student ID#:

have read and will read then current public updates (U.S. State Department, World Health Organization, etc.) about the health and safety situation in the country or countries to which I will travel. I understand that CIEE strongly discourages independent travel to destinations with a U.S. State Department Warning. I confirm that I have discussed my plans with my parent or guardian. I understand that CIEE may be unable to intervene or assist on my behalf once I have left the program site. In certain locations, I understand that CIEE may not be able to render any assistance whatsoever.

20. CIEE does not own or operate any entity which is to or does provide goods or services for your program including, for example, arrangements for or ownership or control over housing or other lodging facilities, airline, vessel, bus or other transportation companies, local ground operators, visa processing services, providers or organizers of optional excursions, food service, or entertainment providers, etc. All such persons and entities are independent contractors. As a result, CIEE is not liable for any negligent or willful act or failure to act of any such person or entity, or of any third party. Without limitation, CIEE is not responsible for any injury, loss, or damage to person or property, death, delay, or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal, terrorist or threatened terrorist activities of any kind, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments, or other lodging facilities (or in any heating, plumbing, electrical or structural problem therein), mechanical or other failure of airplanes or other means of transportation, or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, sanitation problems, food poisoning, epidemics, disease, lack of access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of CIEE.
21. I understand that perceived or actual epidemics (such as, but not limited to, SARS or bird flu) can delay, disrupt, interrupt, or cancel programs. I agree to assume all risk of any such problems which could result from any such occurrences.
22. In the event of a medical emergency, CIEE will attempt to cause appropriate treatment to be administered. However, it makes no warranty that it will be able to cause effective (or any) emergency treatment to be administered.
23. CIEE retains the right, in its sole discretion, to contact the participant's school, parents and/or guardian with regard to health issues or any other matter whatsoever which relates to the participant or participant's program. These rights transcend any and all privacy regulations that may apply.
24. I understand that travel in other nations is not similar to travel within the United States. Programs outside the United States can involve inconvenience and risk, including, but not limited to, forces of nature, geographic and climatic conditions, different hygienic standards, infrastructure problems (including road maintenance, transportation delays and accommodation conditions or available at all), civil unrest, vandalism, crime, political instability, and terrorism. Medical services or facilities may not be readily available during all or part of a program and, if available, may not be equal to standards in participant's home country. I assume all risk of bodily injury, death, emotional trauma, property damage, inconvenience and/or loss resulting from negligence or any other acts of any and all persons or enti-

ties, however caused, including, but not limited to, those risks mentioned above. It is my intention fully to assume all of the risks of travel and participation in the CIEE program and to release CIEE and its contractors from any and all liabilities to the maximum extent permitted by law. If this form is also signed by a parent or legal guardian, that parent or guardian is making a similar release.

25. CIEE reserves the right to decline, accept, dismiss, or retain any person as a participant in any program at any time before or during the program for any reason whatsoever, without liability for refund of payment except refunds regarding cancellation by CIEE of programs will be issued as per the terms of the refund and cancellation fee schedule.
26. If by my acts or omissions I cause or threaten to cause damage of any kind whatsoever to third parties, I accept full responsibility therefore. Further, in the event of such damage or loss, I agree to indemnify and hold CIEE harmless from any and all actions taken by third parties for said damages or loss.
27. This "CIEE Program Participant Contract" shall be legally binding upon myself, all minors traveling with me, my heirs, successors, assigns, and legal representatives. This entire agreement is entered into on behalf of all members of my family who accompany me. I certify that I am the parent or legal guardian of any legal minors under the age or majority who accompany me.
28. All program applications are subject to acceptance by the appropriate overseas agency.
29. CIEE reserves the right to take photographic or film records of any program. I understand that CIEE may use such records for promotional and/or commercial purposes without limitation and without liability.
30. I agree that any dispute concerning, relating, or referring to this contract, the brochure, or any other literature concerning my program, or the program itself shall be resolved exclusively by binding arbitration in Portland, Maine, according to the then existing commercial rules of the American Arbitration Association. Such proceedings will be governed by substantive Maine law.
31. Any claims on my behalf shall not exceed the sum of the listed cost of my program with CIEE as listed in the CIEE Gap Year website. I further agree that should any legal action on my behalf against CIEE fail to prevail, I, or my legally designated representative, hereby agree to pay all reasonable attorneys' fees incurred by CIEE arising from the dispute.
32. In the event any part of this "Release and Agreement Form" is found to be legally void or unenforceable, then such part will be stricken but the rest of this document will be given full force and effect.
33. I have carefully read this document entitled "Release and Agreement Form," and I have carefully read all of the CIEE catalogues, program brochures, websites and other descriptive materials provided to me by CIEE relating to my participation in the program, and I have understood all of the contents of all such documents. I understand and agree to comply with all stated terms and conditions set forth in this "Release and Agreement Form" as well as those terms and conditions set forth in the CIEE catalogues, brochures, websites, and other descriptive materials provided to me by CIEE relating to my participation in the program. I understand that the terms and conditions in this document as well as the terms and conditions in all of the above stated documents constitute a binding contract between myself and CIEE.

A serious violation of this Participant Contract will result in immediate dismissal from the program and the return of the participant to the United States without undue delay. Any costs arising as a result of the premature termination of the stay will be borne by the participant. Serious violations include but are not limited to breaking any federal or regional law. The cost of the flight for the early return to the United States due to withdrawal or dismissal from the program will be the responsibility to the participant, unless the return is due to exceptional circumstances as dictated by CIEE.

I certify that all statements made in this "Release and Agreement Form" are true and correct and made of my own free will. Please note, this form must be signed as is; no changes to the form will be accepted.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of Parent/Guardian:

Date:

Gap Year Application: Japan Student Application

Agreement and Release Form



Applicant's Name:

For Office Use Only. Student ID#:

In conducting the Gap Year Program, CIEE makes every effort to protect the welfare and safety of the participants. However, neither CIEE nor its overseas cooperators is able to assume responsibility for damage to or loss of property, personal illness/injury, or death while a participant is on the program. We require each participant to sign the following statement as an indication that this position is understood and accepted. In the case where the participant is under the age of majority in the jurisdiction in which this document is being executed, a parent's signature is required.

WAIVER / RELEASE

I hereby waive and release CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, without limitation, damage to property, personal injury, illness or death) suffered or incurred in connection with the Program, whether based on breach of contract, statutory duty or warranty, negligence, or any other grounds. I will indemnify CIEE, its affiliates and overseas cooperators, the host family, and their respective employees and representatives any loss or damage incurred or suffered by them and caused by me in connection with the Program.

I agree that all of the information provided in the application is true to the best of my knowledge and that any falsification of information may lead to immediate dismissal from the program.

I give CIEE permission to use any written, photographic images, or video of me in the course of reporting on and/or promoting the CIEE exchange programs.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

INFORMATION RELEASE

Information regarding the student's program status can be released to the following individuals:

Name:

Relationship to student:

Name:

Relationship to student:

Name:

Relationship to student:

Applicant's signature:

Date:

Gap Year Application: Japan Student Application

Fees and Cancellation Policy



Applicant's Name:

For Office Use Only. Student ID#:

FEE SCHEDULE

Fee	Amount	Summer/Fall Departure	Winter/Spring Departure
Program Deposit	\$500	Due with application \$100 of this deposit is applied to the non-refundable application fee	Due with application \$100 of this deposit is applied to the non-refundable application fee
Installment #1	25% of the program fee	Due upon acceptance to the program \$1,000 of this installment is a non-refundable Confirmation of Participation fee	Due upon acceptance to the program \$1,000 of this installment is a non-refundable Confirmation of Participation fee
Installment #2	50% of the program fee	Due by May 31	Due by September 30
Final Installment	100% of program fee	Due by July 15*	Due by November 15*

* Failure to submit program fee balance by stated date may result in cancellation of the student's program application.

CONFIRMATION OF PARTICIPATION

CIEE requires a \$1,000 Confirmation of Participation payment upon the applicant's acceptance to the CIEE Gap Year Abroad program. This confirmation payment will be credited towards your total program costs. Upon receipt of this payment, the applicant will have confirmed their enrollment on the program.

CANCELLATION AND REFUND POLICY

\$100 non-refundable Application fee.
\$1,000 non-refundable Confirmation of Participation fee.

Withdrawal from the program:

On or up to 30 days prior to departure, with written notice received by CIEE, a full refund, less the non-refundable Application fee and Confirmation of Participation fee.

From 29 to 14 days prior to departure, with written notice received by CIEE, 75% of the program fee, less the non-refundable Application fee and Confirmation of Participation fee.

Within 14 days of departure, with written notice received by CIEE, 50% of program fee, less the non-refundable Application fee and Confirmation of Participation fee.

On departure day, with written notice received by CIEE, 25% of program fee, less the non-refundable Application fee and Confirmation of Participation fee.

After departure, program fees are not refundable.

OTHER FEES

\$25.00 fee is applied for a returned check.

I have read and understand the program fees and cancellation policy for the Gap Year Abroad Program.

Applicant's signature:

Date:

For applicant who is under the age of majority in the jurisdiction in which this document is being executed.

Signature of student:

Date:

Gap Year Application: Japan Student Application

Emergency Contact Information



Applicant's Name:

For Office Use Only. Student ID#:

This information will be used in the event of an emergency.

STUDENT

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

EMERGENCY CONTACT

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

ALTERNATE EMERGENCY CONTACT

Relationship:

Last name:

First name:

Middle name:

Address:

City:

State:

Zip code:

Telephone daytime:

Telephone evening:

Email address:

Cell phone:

Gap Year Application: Japan Student Application

Notes for Completing Visa Application



Applicant's Name:

For Office Use Only. Student ID#:

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Nationality: *Fill in with student's nationality*

Student Name: *Fill in with student's full name*

Date of Birth: *Please write student's date of birth in letters, e.g. January 1, 1992*

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1. Reason for being the guarantor to pay expenses: *Please state your relationship with the application and how you will cover the costs of the study abroad program (example: I am the father of XX student and intend to pay for the expense of his/her Gap Year Abroad in Japan with savings and bi-monthly income from my employment.)*
2. Agreement to pay expenses.

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(2) (Living expenses) (per month): *Enter an average amount you have to cover your monthly expenses NOTE: if you are unsure of the amount, simply put 150,000 yen. This is a standard amount recognized by the Ministry of Justice. Also, if you are receiving a "Scholarship", enter approx. per month average of your scholarship support.*

Do you intend to work part-time? *Please check 'No'. Your child will be participating in a CIEE program including intensive language study and should not plan on working while in Japan. Please put an 'X' in the subsequent questions regarding working part-time.*

(3) How will you pay for the course? *Please check 'Remittance from outside of Japan'.*

(4) Place you are planning to live: *Please check 'Family or Relative's House' as your child will be living with a host family while in Japan.*

Date: *Please write today's date in letters, e.g. January 1, 2011*

Address: *Parent's/guardian's mailing address*

Telephone Number: *Parent's/guardian's home number*

Name: *Parent's/guardian's full signature supporting the applicant's studies*

Relationship with the applicant: *Fill in your title (e.g. Father, Mother, or Legal Guardian)*

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Student Name: *Fill in with student's full name*

Birth Day: *Please write student's date of birth in letters, e.g. January 1, 1992*

Nationality: *Fill in with student's nationality—passport they will be traveling on*

Name of person who agrees: *This is the parent or guardian who will be paying for the student's Gap Year Program*

Age: *Age of parent or guardian*

Relationship between the student and you: *Fill in your title (e.g. Father, Mother, or Legal Guardian)*

Address and phone number: *Home address and phone number of parent or guardian*

Occupation: *Occupation of parent or guardian*

Annual Income: *Household income*

Place of work: *Name of organization*

Address and phone number: *Organization address and phone number*

Date: *Please write today's date in letters, e.g. January 1, 2011*

Name: *Fill in parent or guardian name in full*

Signature: *Parent or guardian signature*

Applicant's Name:

For Office Use Only. Student ID#:

1.	国籍： (Nationality)	氏名： (Name)		
2.	生年月日： (Date of Birth)	性別： (Sex)	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
3.	現住所： (Present Address)	電話番号： (Telephone number)		
4.	本籍地住所： (Home Address -When it differs from present address above)	出生地： (Place of Birth)		
5.	配偶者の有無： (Marital Status)	<input type="checkbox"/> 無 (Single)	<input type="checkbox"/> 有 (Married)	(配偶者氏名) (Name of spouse)

※ 以下の6.7.については、初等教育入学から現在まで、空白の期間が一切無いよう、全て記入すること。
 ※ The following 6. and 7. you should fill in all the blanks from elementary school until now.

6. 学歴：(初等教育から順次最終学歴まで全て記載すること)
 Education Record : (List all schools attended, beginning with elementary school.)

学 校 名 (Name of School)	所 在 地 (School Address/City/State/Country)	入 学 年 ・ 月 (Date Entered) Month/Year	卒 業 年 ・ 月 (Date withdrew or graduation) Month/Year
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____
(7) _____	_____	_____	_____

7. 職歴、兵役等：Occupation History : (List employers, beginning with the most recent.)

勤 務 先 名 (Name of Company)	職 種 (Occupation)	所 在 地 (Address)	就 職 年 ・ 月 (Date of Employment) From: Month/Year - To: Month/Year
(1) _____	_____	_____	From:_____ To:_____
(2) _____	_____	_____	From:_____ To:_____
(3) _____	_____	_____	From:_____ To:_____
(4) _____	_____	_____	From:_____ To:_____

8. 日本語学習歴：Experience in studying Japanese

学 校 名 (Name of School)	所 在 地 (School Address)	入 学 年 ・ 月 (Date of Admission)	卒 業 年 ・ 月 (Date Graduated)
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

Applicant's Name:

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9. 日本語学校修了後の予定 : My plan after graduation from Japanese Language School.

進学希望

希望先学校名

Go to university or college

Name of school _____

希望科目

Name of major subject _____

帰国

就業

復学

その他

Return home

Work

Return to School

Others

その他

Others _____

10. パスポートの有無および来日歴 Passport and Experience of visiting Japan

パスポートの有 有 Yes 無 No
無 :

Do you have a passport?

パスポート番号 :

発行年月日 :

有効期限 :

Passport No: _____ Date of Issue _____ Valid Until _____

来日歴 : 有 Yes 回数 Times 無 No

Experience of visiting Japan _____

日本への入出国歴 : (すべて記載すること) If you have experience in entering and leaving Japan, please write them below.

入国年月日 (Date of Entry)	出国年月日 (Date of Leave)	在留資格 (Status of stay in Japan)	入国目的 (Purpose of entry)
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

Applicant's Name:

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11. 家族に関する事項 Family and Relative

父親氏名 : 生年月日 : 職業 :
 Father's name _____ Date of birth _____ Occupation _____

父親住所 :
 Father's address _____

母親氏名 : 生年月日 : 職業 :
 Mother's name _____ Date of birth _____ Occupation _____

母親住所 :
 Mother's address _____

兄弟姉妹の有無 : 有 Yes 無 No

About your sisters and brothers if you have.

Relationship	氏名 : Name	生年月日 : Date of birth	職業 : Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. 経費支弁者氏名 (経費支弁者が父母以外の場合記入してください。)

Fill in if your guarantor is not your parents

経費支弁者氏名 : 生年月日 :
 Guarantor's name _____ Date of birth _____

経費支弁者住所 : 電話番号 :
 Guarantor's address _____ Phone No. _____

学生との関係 : Relationship with the applicant

以上のことは総て真実であり、私が自筆したものです。

I hereby declare the above statement is true and correct.

作成年月日 :
 Date _____

本人署名 :
 Signature of Applicant _____

13. 日本語学習理由 : (日本語を学ぶ目的を具体的かつ簡潔に述べること)

Purpose of Studying Japanese. Give the reason concretely and concisely.

申請者氏名 :
 (Name) _____

14. 備考 : 学歴欄、職歴欄、日本語学習歴欄、来日歴欄等書き切れない項目がありましたら、ここに記入してください。

Remarks: Please fill in the education background, the working experience career, studying Japanese experience, and visit to Japan, etc., if you can not fit it on the previous page.

Applicant's Name:

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経費支弁書

Letter of guarantee to pay expenses

日本国法務大臣 殿

To the Minister of Justice

国 籍

(Nationality) _____

学生氏名

(Student Name) _____

男 女

(Male)

(Female)

生年月日

年

月

日

(Date of Birth)

(Year)_____ (Month)_____ (Day)_____

私は、この度上記の者が日本国に在留中 / 入国した場合の経費支弁者になりましたので、下記のとおり経費支弁の引受け経緯を説明するとともに、経費支弁について誓約します。

I became guarantor to pay expenses for the above-mentioned person during his / her stay / enter in Japan. I hereby pledge that I will bear the expenses in following manner, with explanation of reason for being guarantor to pay expenses

1. 経費支弁の引受け経緯 (申請者の経費の支弁を引受けた経緯及び申請者との関係について具体的に記載してください。)

Reason for being guarantor to pay expenses (Please write concretely, about the details of financial arrangements to pay expenses for the applicant, and about relationship with the applicant.)

2. 経費支弁内容

Agreement to pay expenses

私は、上記の者の日本国滞在について、下記のとおり経費支弁することを誓約します。

また、上記の者が在留期間更新申請を行う際には、送金証明書又は本人名義の預金通帳 (送金事実、経費支弁事実が記載されたもの) の写し等で、生活費等の支弁事実を明らかにする書類を提出します。

I hereby pledge that I will bear expenses of the above-mentioned person during his/her stay in Japan in the following manner.

Moreover, when applying for extension of period of stay, documents to prove the ability of covering the living and other expenses, such as copy of the Certificate of Remittance or Bankbook in the name of the applicant himself / herself will be submitted.

記

(1) 学 費 (Tuition)	年間 (Per year)			
				700,000 円
	内訳Details	選 考 料	(Screening fee)	20,000 円
		入 学 金	(Admission fee)	50,000 円
		授 業 料	(Tuition fee)	564,000 円
		その他費用	(Others)	66,000 円

Applicant's Name:

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(2) 生活費 (Living Expenses) 月額 (Per Month) _____円

* 資格外活動予定の有無 有 無
 Do you intended to work part-time? Yes No

有の場合、資格外活動開始予定日 入学直後 〇ヶ月後
 If yes, when do you plan to start Immediately after coming course _____months after

予定収入金額 万円 / 月
 Expected income from part-time job _____ yen/per month

(3) 支弁方法 (送金・振込み等支弁方法を選んでください。複数選択可)

How will you pay for the course? (Please choose from the following methods:)

申請者負担 外国からの送金 外国からの携行
 Self Remittance from outside Japan Bring payment with you to Japan

資格外活動による収入 奨学金
 Income of part-time job Scholarship

在日支弁者から申請者の口座への振り込み
 Transfer to applicant's account from guarantor living in Japan

* 来日後の居住先

(4) Place you are planning to live:

インターカルト日本語学校学生寮 民間学生寮
 Dormitory for students Private company's Dormitory

民間アパート (マンション) 在日親族宅 友人宅
 Apartment/Flat Family or Relative's house Friend's house

名と同居 Number of roommates _____

年 月 日 Date _____

住 所
 (Address)

電話番号
 (Telephone Number)

氏 名
 (Name)

学生との関係
 (Relationship with the applicant)

実印
 (Stamp or Signature)

Applicant's Name:

For Office Use Only. Student ID#:

インターカルト日本語学校校長 殿
To Head of School of InterCultural Institute of Japan

学生氏名 _____

(Student Name)

生年月日 _____

(Birth Day)

国 籍 _____

(Nationality)

私は、上記学生が日本で就学することに同意します。また、私は上記の者が就学を許可され、入学した後は、本人の日本における行動と金銭上の義務について、支弁者とともに一切の責任を負います。

I agree to his/her going to Japan to study, I shall also assume any and all responsibilities for the above student for his /her behavior and financial obligations while he/she is in Japan, after he/she is admitted to the Inter-Cultural Institute of Japan.

同意者氏名 _____

(Name of person who agrees.)

年 齢 _____ 歳 本人との関係 _____

(Age) (Relationship between the student and you.)

自宅住所 _____

(Address)

自宅電話番号 _____

(Phone No.)

職 業 _____ 年 収 _____

(Occupation) (Annual Income)

勤務先名称 _____

(Place of work)

勤務先住所 _____

(Address of working place)

勤務先電話番号 _____

(Phone No.)

日 付 _____

(Date)

署 名 _____

(Name)

印 _____

(Signature)