

(A-1)

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| Examination Number | |
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**Kwansei Gakuin University Institute of Business and Accounting
Graduate Department of Advanced Management Fall Semester Entry 2018
Entrance Examination Application Forms**

Notes for applicants:

1. Applicants should complete this form (two pages) and send it by postal mail to IBA office with all of the required documents, having paid the entrance examination fee.
2. Please complete the form in block letters using a black ball-point pen. Do not fill in the 'examination number', it is for office use.

Full Name

| |
|---|
| In English/Roman alphabet/Pinyin (family name / first name / middle name) |
| In furigana (if you know how to write your name in Japanese letters) |
| In Chinese characters (for applicant from China or Taiwan) |

Sex

| | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

Date of Birth (yy/mm/dd)

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Nationality

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Address

| | |
|--------------|----------|
| | |
| | |
| Postal code: | Country: |

Contact Details

| | |
|----------------|----------|
| Phone | (Home) |
| | (Mobile) |
| E-mail address | |

Academic Discipline (please choose one and circle the appropriate box)

| | | | | |
|------------|-----------|---------|----------------------|-----------------------|
| Management | Marketing | Finance | Financial Accounting | Management Accounting |
|------------|-----------|---------|----------------------|-----------------------|

Faculty supervisor (Please list your preference for faculty supervisor)

| | |
|----------------|--|
| (First) Prof. | |
| (Second) Prof. | |

(A-2)

Education (Students who have not yet graduated should fill in details of their expected graduation.)

| | |
|--------------------------------|----------------------------|
| Graduate School | |
| Name: _____ | |
| Faculty: | Major: |
| Date of Completion (yy/mm/dd): | / / , Location (country) : |
| University | |
| Name: _____ | |
| Faculty: | Subject of study: |
| Date of Graduation (yy/mm/dd): | / / , Location (country) : |
| High school | |
| Name: _____ | |
| Date of Graduation (yy/mm/dd): | / / , Location (country) : |

Professional Background (full-time work experience) Please attach a separate sheet if the space below is insufficient.

| Period of employment (yy/mm/dd) | Place of employment (company, name, department, position) | Please describe your role and responsibilities in this position |
|---|---|--|
| Total Period: from: till: | | |
| Total Period: from: till: | | |
| Total Period: from: till: | | |

Qualifications, Licences etc held(relevant to this application)

| Title of qualification, etc. | Date of acquisition | Registration number etc. | Note |
|---------------------------------|---------------------|-----------------------------|------|
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