



**KWANSEI GAKUIN
UNIVERSITY**

IBA

Institute of Business and Accounting Student Exchange Application Form

After completing this form, please submit it to your exchange coordinator along with other supporting documents.

Photo

3cm x 4cm full-face
taken within the
last 3 months

Applicant Information			
Full Name	(Last)	(First)	(Middle)
Nationality		Date of Birth (DD/MM/YYYY)	— / — / —
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	
Present Address	Street Address		
	Street Address Line 2		
	City	State/Province	
	Postal/Zip Code	Country	
Phone Number *Don't forget to include the country code.	Home		
	Mobile		
Home University Information			
Home University (Sending Institute)			
Major(s)		Current Year (Standing)	
Period of Study			
Intended Period of Stay	<input type="checkbox"/> 1 Semester (Fall) <input type="checkbox"/> Full Year (Fall-Spring)		
Past Education			
	Name and Location		Date of Graduation (Expected Date)
University– Undergraduate			
University - Graduate			

Emergency Contact			
Full Name	(Last)	(First)	(Middle)
Relationship to Emergency Contact Person		Contact Person's E-mail	
Emergency Contact Person's Address	Street Address		
	Street Address Line 2		
	City	State/Province	
	Postal/Zip Code	Country	
Emergency contact Phone Number *Don't forget to include the country code.	Home		
	Mobile		

I certify that, to the best of my knowledge, all statements herein and all supporting documents are correct, complete, and my own.

Signature : _____

Date _____

Note: Information provided on this form and other supporting documents will be used for university administrative purpose only and held strictly confidential. The university will take full responsibility for the storage and disposal of this data.