

**Application Form for Credited Auditors (Undergraduate Program)
of the University of Tsukuba for AY 2024**

• The fields marked with ※ should be left blank.

※Acceptance No.	※ Affiliation

(Photo)

30mm×24mm

Headshot with no hats

Write your name on the backside of the

Name in Kana		
Name in English		
* Name	M	F
Date of Birth (YYYY/MM/DD)	/	/
Place of Registry (Prefecture) or Nationality/Region		

* If you are an international applicant, write your name in alphabet as written in

Present Address	〒	—							
			Mobile Phone	-	-				
			Email	TEL	-	-	(C/O:)
Address (If there are any changes to)	〒	—	(Fill out this column only if your address changes by the time of admission.)						
			Mobile phone	-	-				
			Email	TEL	-	-	(C/O)

Have you ever been enrolled as a credited auditor in the University of Tsukuba before?

Yes · No	School/College :	School/College :
	Enrollment Period :	Enrollment Period :
	Student ID Number :	Student ID Number :

Academic Record	Y	M	Entered	High School
	Y	M	Graduated	High School
	Y	M		
	Y	M		
	Y	M		
	Y	M		
	Y	M		

Employment History	Y	M	
	Y	M	
	Y	M	
	Y	M	
	Y	M	
	Y	M	
	Y	M	

Your employer or school at the time of admission

<input type="checkbox"/> Company employee <input type="checkbox"/> Self-employed business <input type="checkbox"/> Public service <input type="checkbox"/> Unemployed <input type="checkbox"/> Others	Employer name, office address, and phone number TEL - -	<input type="checkbox"/> Graduate school <input type="checkbox"/> Undergraduate school <input type="checkbox"/> Junior college <input type="checkbox"/> Vocational school <input type="checkbox"/> Others	School name, etc. (affiliation/year) ※If you are a student of the University of Tsukuba, please write your affiliation and student ID number. (*includes research
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Undergraduate

Credited Auditor

※ Acceptance Number

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• The fields marked with ※ should be left blank.

※ Affiliation		Name in Kana		M/F	
		Name		M	F

Course Period *Add a check mark (✓).	Annual (Spring semester · Fall semester)	Spring semester ONLY	Fall semester ONLY

Affix the tear-off portion of the Certificate of Payment

For payment of the application fee, please refer to "4. Application fee" in "Application Guidelines."

After payment, please affix the tear-off portion of the Certificate of Payment within this frame.

Purpose of Study				
<input type="checkbox"/> To get a degree	(Name of the degree :))
<input type="checkbox"/> To acquire a qualification	(Name of the qualification :))
<input type="checkbox"/> To prepare for graduate school	(Name of your preferred school :))
<input type="checkbox"/> To get a teacher's license				
License	Teacher's License for Senior High School (Grade 1)	Teacher's License for Junior High School (Grade 1)	Teacher's License for Elementary School (Grade 1)	Teacher's License for Special Support School
Subject				
<input type="checkbox"/> Others				

Japanese Proficiency (Only International Applicants)	Test Name	Score/Grade/ Level	Test Date (YYYY/MM)
			/
			/
			/

Write your results of Japanese proficiency tests (such as "JLPT Japanese-Language Proficiency Test", "BJT Business Japanese Proficiency Test", "J.TEST", etc.) and attach the certificate of the results (copies acceptable).