

|               |                      |
|---------------|----------------------|
| ※ Affiliation | ※ Application Number |
|               |                      |

※Office use ONLY

## AY2021 Credited Auditor's Program in University of Tsukuba Application Check List (Graduate program)

|      |
|------|
| Name |
|      |

Note: Write the number of sheets you submit and check the boxes when you submit the application documents  
Your application will not be accepted if the application requirements and documents fail to be complete.

| Documents   | Number of sheets | ✓<br><input type="checkbox"/> | Required for  | Note  |
|---|------------------|-------------------------------|---|---|
| Credited Auditor Application Form<br>(Make sure to fill in your E-mail address)   | 1                | <input type="checkbox"/>      | All   | Check in the applicable box below.<br><input type="checkbox"/> haven't enrolled as a credited auditor before<br><input type="checkbox"/> have enrolled as a credited auditor before |
| Photo Mount Sheet for the Student ID Card   | 1                | <input type="checkbox"/>      | All   | Designated form   |
| Application fee (Payment must be made before submitting the application. Affix the tear-off portion of payment receipt of 9,800yen in the designated section of Application form) | 1                | <input type="checkbox"/>      | All   | Check in the applicable box.<br><input type="checkbox"/> Have paid at a convenience store<br><input type="checkbox"/> Have paid by a credit card                                    |
| Course Application Form   |                  | <input type="checkbox"/>      | All   | Make sure that you have filled in all required section and the course number is correct.  |
| Interview Form<br>(Each one copy for subjects that require an interview)  |                  | <input type="checkbox"/>      | If applicable<br>* Only for subjects that require an interview.   | Designated form<br>After checking whether or not there is an interview in the "Course list" and "Selection Methods", submit it for each course (fill in the bold frame).            |
| Academic transcript   |                  | <input type="checkbox"/>      | All<br>(Except those who are continuously apply from the previous year)   | Must be original  |
| Documentary evidence of a change of name<br>(e.g. Abstract of Family Register)  |                  | <input type="checkbox"/>      | If your current family name is different from that on your submitted transcript, submit the proof of name change. | Must be original  |
| Residence card (photocopy, both sides) or Certificate of residence (住民票 Jumin-hyou, original)   | 1                | <input type="checkbox"/>      | International applicants  | International applicants must submit either of photocopy of Residence card (both sides) or original copy of Certificate of residence.   |
| Certificate of Japanese proficiency   |                  | <input type="checkbox"/>      | International applicants<br>*Except if the course(s) you would like to apply is fully taught in foreign language. | Photocopy will be accepted  |
| Interview form of International Applicant   | 1                | <input type="checkbox"/>      | International applicants  |   |
| Self addressed envelope without stamps (332 X 240mm)<br>*Clearly write your Name, Zipcode and Address   | 1                | <input type="checkbox"/>      | All   |   |

**AY2021 Credited Auditor's Program in University of Tsukuba (graduate)  
Application Form**

• The fields marked with ✕ should be left blank.

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Acceptance No. | <input type="checkbox"/> Affiliation |
|   |                                      |

(Photo)

30mm × 24mm  
Headshot with no hats.  
Write your name on the backside of the photo

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

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

|                                |  |              |   |   |
|--------------------------------|--|--------------|---|---|
| Present Address                | 〒 -  | Mobile phone | - | - |
|                                | E-mail   | TEL          | - | - |
| (C/O: )                        |  |              |   |   |
| Address at the time enrollment | 〒 -  | Mobile phone | - | - |
|                                | (Fill out this column only if your address changes by the time of enrollment.) |              |   |   |
| TEL - -                        |  |              |   |   |
| E-mail (C/O: )                 |  |              |   |   |

Have you ever been enrolled in Graduate Credited Auditor's Program in University of Tsukuba before?

| Yes | No | School/College :    | School/College :    |
|-----|----|---------------------|---------------------|
|     |    | Enrollment Period : | Enrollment Period : |
|     |    | Student ID Numbe :  | Student ID Numbe :  |

|                 |   |   |           |                                   |
|-----------------|---|---|-----------|-----------------------------------|
| Academic Record | Y | M | Graduated | Middle School/ Junior High School |
|                 | Y | M | Entered   | Highschool                        |
|                 | Y | M | Graduated | Highschool                        |
|                 | Y | M |           |                                   |
|                 | Y | M |           |                                   |
|                 | Y | M |           |                                   |
|                 | Y | M |           |                                   |

|                    |   |   |  |
|--------------------|---|---|--|
| Employment History | Y | M |  |
|                    | Y | M |  |
|                    | Y | M |  |
|                    | Y | M |  |
|                    | Y | M |  |
|                    | Y | M |  |

Your employer or school at the time of enrollment

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Company employee<br><input type="checkbox"/> Self-employed business<br><input type="checkbox"/> Public service<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Others | Employer Name, Office Address and Phone Number | <input type="checkbox"/> Graduate school<br><input type="checkbox"/> Undergraduate school<br><input type="checkbox"/> Junior college<br><input type="checkbox"/> Vocational school<br><input type="checkbox"/> Others | School Name etc.(Faculty etc. / Grade)   |
|   | TEL - -  |   | ✕If you are a student of University of Tsukuba, please write your affiliation and student ID number. (*include research student) |

|   |
|---|
| <h1 style="margin: 0;">Graduate</h1> <p style="margin: 0;">credited Auditor's Program</p> |
|---|

|                     |
|---------------------|
| ※ Acceptance Number |
|                     |

The fields marked with ※ should be left blank.

|                  |  |              |     |   |
|------------------|--|--------------|-----|---|
| ※<br>Affiliation |  | Name in Kana | M/F |   |
|                  |  | Name         | M   | F |
|                  |  |              |     |   |

|                                 |                                    |                          |                          |
|---------------------------------|------------------------------------|--------------------------|--------------------------|
| Subject Period<br>*Put a circle | Annual (Spring term*<br>Fall term) | Spring term ONLY         | Fall term ONLY           |
|                                 | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |

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

To get a degree (Name of the degree: \_\_\_\_\_ )

To acquire a qualification (Name of the qualification: \_\_\_\_\_ )

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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).

**AY2021 Credited Auditor's Program in University of Tsukuba (Graduate) Course Application Form**

| ※Acceptance Number |
|--------------------|
|                    |

| ※Affiliation |
|--------------|
|              |

| Name |
|------|
|      |

The fields marked with ※ should be left blank.

| Course Number | Course Name | Credits | Term      | Weekday and Period | Instructor | interview confirmation column (Note:2) | ※ conditional course | ※ Results |
|---------------|-------------|---------|-----------|--------------------|------------|--|----------------------|-----------|
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
|               |             |         |           |                    |            |  |                      |           |
| Total         | Course(s)   | 0       | Credit(s) |                    |            |  |                      |           |

(Note:1): If there are many subjects, please make a copy of the required number.

(Note:2): If you are applying for a course that requires an interview prior to application, please take the interview. Please check "Selection Method" to see if an interview is necessary. If you have been interviewed in advance, check (✓) in the interview confirmation column.

|   |
|---|
| <b>Purpose of Study *Please give as much detail as possible</b> |
|   |

|              |                     |
|--------------|---------------------|
| ※Affiliation | ※Application Number |
|              |                     |

Applicants must only fill in the frame hemmed in by the thick lines.

## Credited Auditor's Program in University of Tsukuba (Graduate) Interview form

|                   |  |               |  |
|-------------------|--|---------------|--|
| Name in Kana      |  | Course Number |  |
| Name of Applicant |  | Course Name   |  |

|             |             |       |      |
|-------------|-------------|-------|------|
| Interviewer | Affiliation | Title | Name |
|             |             |       | 印    |

上記出願者の願書・成績証明書等に基づき面接を実施し、出願理由その他記載事項等についての説明を受けました。

所 見

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受講の可否 \_\_\_\_\_

年 月 日

※所見等記載済の面接票は出願者に返却せず、支援室へ送付願います。  
 ※面接者は、出願理由及び当該授業科目を履修できる学力があるかどうか等について、詳細に記載願います。

|               |                     |
|---------------|---------------------|
| ※ Affiliation | ※ Acceptance Number |
|               |                     |

**AY2021 Credited Auditor's Program in University of Tsukuba (Graduate)  
Interview form of International Applicant**

|  |   |                            |  |
|--|---|----------------------------|--|
| Name in Kana   |   | Date of Birth (YYYY/MM/DD) | Nationality  |
| Name of Applicant  |   | / /                        |  |
| Length of residence in Japan   | Year(s)                      Month(s) (As of _____, 20                      )   |                            |  |
| Status of residence  |   |                            |  |
| Expiration date of your period of stay                                     | Y   | M                          | D  |
| Reason for Applying to the credited auditor's program                      |   |                            |  |
| What are you going to do after you finish studying as a credited auditor?  | <input type="checkbox"/> Go back to my country<br><input type="checkbox"/> Plan to go to graduate school<br>( Please write the name of the University, Faculty, Department, Program, etc.                      )<br><input type="checkbox"/> Get a job<br><input type="checkbox"/> Other (                      ) |                            |  |
| Have you ever been enrolled in University of Tsukuba as a regular student? | <input type="checkbox"/> 1.Yes, I am a current student.<br><input type="checkbox"/> 2.Yes, I am a former student.<br><input type="checkbox"/> 3.No, I have never been a regular student at university of Tsukuba.   |                            | * If you answered "1" or "2", please write your affiliation and academic advisor's name. |

\* The international applicants must only fill in the frame hemmed in by the thick lines.

※ 面接者記入欄


年 月 日

|  |  |   |
|--|--|---|
| 日本語能力の所見<br><small>*専ら外国語で行う科目のみを履修する場合は該当しない。</small> | 聞く力 (優・良・可・不可)<br>話す力 (優・良・可・不可)           | 優: コミュニケーションが問題なくとれる<br>良: 概ねコミュニケーションがとれる<br>可: 何とかコミュニケーションがとれる<br>不可: コミュニケーションがとれない |
|  | 特記事項                                       |   |
| 日本滞在中における経費支弁方法  | 国からの送金・預貯金<br>その他 (                      ) |   |
| その他  |  |   |
| 面接者  | 研究群/専攻                                     | 学位プログラム   |
| 所属:  |  |   |
| 氏名:  | 印  |   |

※Office use ONLY

| ※ 所 属 | ※ 番 号 |
|-------|-------|
|       | A     |

### Photo Mount Sheet for the University of Tsukuba Student ID Card

|               |       |  |
|---------------|-------|--|
| Name          | _____ |  |
| Date of birth | _____ |  |

#### Important notes:

- 1 . Glossy ID photo (NOT matte finish type)
- 2 . Must be taken within the last three months; 30mm×24mm; Full face; Front view; Bareheaded against a plain light colored background; Write your name on the back of ID photo
- 3 . If you would like to use the photo taken with digital camera, make sure that must be printed on the photo paper.
- 4 . Use a solid type paste

**Address Sheet**  
**For sending Application for Credited Auditor**  
**University of Tsukuba**

Please print out the address sheet on the next page, University's address and other required information are written on the sheet. Fill in the required fields and affix it to an envelope when submitting the application documents.

**Note:**

- Check the application guidelines carefully to understand the application process including application materials and application period, etc.
- Application will not be accepted in case of any incomplete documentation and/or applications delivered after the application period.
- Write your address and name in the SENDER column on the address sheet.



郵便局の  
窓口へ  
Stamp

簡易書留  
Registered Mail

3 0 5 - 8 5 7 7

1-1-1 Tennodai, Tsukuba-shi, Ibaraki, Japan

茨城県つくば市天王台 1 丁目 1-1

To

Educational Reform Support,

Department of Educational Promotion,

University of Tsukuba (Credited Auditor Application)

筑波大学教育推進部教育機構支援課

(科目等履修生受付係) 宛

※CREDITED AUDITOR APPLICATION ENCLOSED

※科目等履修生出願書類(大学院)在中

|               |                   |
|---------------|-------------------|
| SENDER (差出人)  |                   |
| Address<br>住所 | 〒<br><br><br>TEL: |
| Name<br>氏名    |                   |

## **Address Sheet**

### **For sending Application for Credited Auditor**

### **University of Tsukuba**

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郵便局の  
窓口へ  
Stamp

簡易書留  
Registered Mail

1 1 2 - 0 0 1 2

3-29-1 Otsuka, Bunkyo-ku, Tokyo, Japan

東京都文京区大塚 3-29-1

To

Academic Service Office for the Business Sciences Area,  
University of Tsukuba (Credited Auditor Application)

筑波大学社会人大学院等支援室

(科目等履修生受付係) 宛

※CREDITED AUDITOR APPLICATION ENCLOSED

※科目等履修生出願書類(大学院)在中

|               |                   |
|---------------|-------------------|
| SENDER (差出人)  |                   |
| Address<br>住所 | 〒<br><br><br>TEL: |
| Name<br>氏名    |                   |