

**AY2023Credited Auditor's Program in University of Tsukuba (Undergraduate)  
Application Form**

• The fields marked with ※ should be left blank.

|   |  |  |                  |   |   |
|---|--|--|------------------|---|---|
| ※Acceptance No.<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>  |  | ※ Affiliation<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |                  | (Photo)<br><br>30mm × 24mm<br>Headshot with no hats.<br>Write your name on the backside of the photo  |   |
| Name in Kana  |  |  |                  |   |   |
| Name in English   |  |  |                  |   |   |
| * Name  |  |  |                  | M   | F |
|   |  |  |                  |   |   |
| Date of Birth (YYYY/MM/DD)  |  | / /  |                  |   |   |
| Place of Registry(Prefecture) or Nationality/Region   |  |  |                  |   |   |
| Present Address   | 〒 -  |  | Mobile phone - - |   |   |
|   | E-mail   |  | TEL - -          |   |   |
| (C/O: )   |  |  |                  |   |   |
| Address at the time enrollment  | 〒 - (Fill out this column only if your address changes by the time of enrollment.) |  | Mobile phone - - |   |   |
|   | E-mail   |  | TEL - -          |   |   |
| (C/O: )   |  |  |                  |   |   |
| Have you ever been enrolled in Undergraduate Credited Auditor's Program in University of Tsukuba before?  |  |  |                  |   |   |
| Yes   | No   | School/College :   |                  | School/College :  |   |
|   |  | Enrollment Period :  |                  | Enrollment Period :   |   |
|   |  | Student ID Number :  |                  | Student ID Number :   |   |
| Academic Record   |  | Y  | M                | Graduated Highschool  |   |
|   |  |  |                  |   |   |
|   |  |  |                  |   |   |
|   |  |  |                  |   |   |
|   |  |  |                  |   |   |
|   |  |  |                  |   |   |
|   |  |  |                  |   |   |
| Employment History  |  | 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<br><br>TEL - -                                |                  | <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)<br>※If you are a student of University of Tsukuba, please write your affiliation and student ID number. (*include research student)  |   |

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

## Undergraduate

Credited Auditor's Program

※ Acceptance Number

• The fields marked with ※ should be left blank.

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

| Subject<br>Period<br>*Put a circle | Annual<br>(Spring semester・Fall semester) | Spring semester ONLY | Fall semester ONLY |
|------------------------------------|---|----------------------|--------------------|
|                                    |   |                      |                    |

Affix the tear-off  
portion of the  
Certificate of Payment

| Purpose of Study   |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> To get a degree (Name of the degree: )<br><input type="checkbox"/> To acquire a qualification (Name of the qualification: )<br><input type="checkbox"/> To prepare for graduate school (Name of your preferred school: )<br><input type="checkbox"/> To get a Teacher's License |  |  |  |   |
| Licence  | Teacher's License for<br>High School (Grade 1) | Teacher's License for<br>Junior High School (Grade<br>1) | Teacher's License for<br>Elementary School (Grade 1) | Teacher's License for<br>Special Support School |
| Subject  |  |  |  |   |
| <input type="checkbox"/> Others<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>  |  |  |  |   |

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.

| Japanese<br>Proficiency<br>(Only<br>International<br>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).