*	Affiliation
	Annation

%For official use only

Application Check List for Credited Auditors (Graduate Program) of the University of Tsukuba for AY 2024

Name	

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

Materials, Etc.	Number of	\checkmark	Required for	Notes
Credited Auditor Application Form (Make sure to fill in your email address)	1		All	Check if applicable. I haven't enrolled as a credited auditor before. I have enrolled as a credited auditor before.
Application fee (Payment must be made before submitting the application. Affix the tear-off portion of the payment receipt of 9,800 yen in the designated section of the	1		All	Check if applicable. □Have paid at a convenience store. □Have paid by credit card.
Course Application Form			All	Make sure that you have filled in all required sections and the course number is correct.
Interview Form (One form for each course requiring an interview)			lf applicable * Only for subjects requiring an interview.	Designated form After checking whether or not there is an interview in the "Course List" and "Selection Methods", submit it for each course (fill in the
Academic Transcript from Last School Attended			All (Except those who are continuously applying from the previous year)	Must be original
Documentary Evidence of a Change of Name (Abstract of Family Register)			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, original, without the My Number written on it)	1		International applicants	International applicants must submit the photocopy of the Residence Card (both sides) or original copy of the Certificate of Residence (without the My Number written on it). Status of residence after admission
Certificate of Japanese Proficiency			International applicants *Except if the course you would like to apply is fully taught in a foreign language.	Photocopy will be accepted.
Interview Form for International Applicants	1		International applicants	Check the interview date, time, etc.
Photo Mount Sheet for the Student ID Card	1		All	Designated form
Return (Self-addressed) Envelope (no stamps required)	1		All	
Application Check List	1		All	Designated form

							ogram) of the	Unive	rsity o	f Tsukuba for AY 2024
		<u>s marked</u> ceptance		shoul	<u>d be left bl</u> ※	ank. Affiliati	on			(Photo)
										30mm×24mm Headshot with no hats.
Name	in Kana									Write your name on the backside of the
in Engli	sh									photo.
* Na	ime							M	F	* If you are an international applicant,
		Birth (YYY				/	/			write your name in alphabet as written in
Plac	e of Re		efecture)	or Na	tionality/Re	egion				
	sent Iress	〒 Email	_		Tel	-	-	-		(C/O:)
		Ŧ	—	(Fill o	ut this colu	mn only	if your addre	ss cha	inges l	by the time of admission.)
(If there change	e are any es to the	Email			M Tel	obile Ph	one - -	-		(C/O:)
		ou ever	been en	rolled	as a credit	ted aud	itor in the Ur	nivers	ity of	Tsukuba before?
Yes	No	School/C		:			School/Coll	-	:	
		Enrollmen		:			Enrollment P		:	
		Student II	Number				Student ID N	lumbei	· :	
			Y	Μ	Entered					High School
			Y	Μ	Graduated					High School
Acac	lemic		Y	Μ						
	cord		Y	Μ						
nee	.010		Υ	Μ						
			Y	М						
			Y	М						
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1115			Y	M						
			Y	Μ						
			Y	Μ						
			Y	Μ						
			Y	М						
			Y	М						
						chool at	the time of			
□ Self □ Pul □ Un		vice			office one number	□ Unde □ Junio	or college ational school	Жlf yoı ple	u are a si ase write	e, etc. (affiliation/year) udent of the University of Tsukuba, e your affiliation and student ID (*includes research students)

※ Acceptance Number

Graduate

Credited Auditor

The fields marked with \times should be left blank.

*	Name in Kana	М	/F
		М	F
Affiliation	Name		

Course Period	Annual (Spring semester • Fall semester)	Spring semester ONLY	Fall semester ONLY	Affix the tear-off
*Add a check mark (√).				portion of the Certificate of Payment
	Durposo	of Study		

P	rurpose of Study		
	(Name of the degree : (Name of the qualification :))	For payment of the application fee, please refer to "4. Application fee" in "Application Guidelines"
Others			After payment, please affix the tear- off portion of the Certificate of Payment within this frame.

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

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).

Course Application Form for Credited Auditors (Graduate Program) of the University of Tsukuba for AY 2024

※Acceptance Number	※Affiliation	Name

The fields marked with **%** should be left blank.

To find out if an interview is required, please contact the respective organization listed in the "Selection Methods" section. Add a check mark () on the box on the right after confirming whether an interview is required for all courses.

Со	urse	e Ni	um	ber	Course Name	Credits	Semester	Day and Period	Instructor	Interviewed in Advance (Note 2)	*Conditional Course	*Results
	Т	ota	ıl		Course		Credit					

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

(Note 2) : If you have had an interview for the course you are applying for, add a check mark (\checkmark) on the column for "Interviewed in Advance.".

Purpose of Study *Please give as much detail as possible.

※Affiliation	XApplication Number

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

Interview form of International Applicant for Credited Auditors (Graduate Program) of the University of Tsukuba for AY 2024

Name in Kana	Course Nu	nber
Name of Applicant	Course Na	me

	Affiliation	Title		Name	
Interviewer					印
上記出願者の 説明を受けまし	願書・成績証明書等に基づき面語	接を実施し、出願理由・	その他記載	事項等についての	D
10.91と文17607	- 0				
所見					
					-
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					-
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受講の可召	<u> </u>		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

Interview form of International Applicant for Credited Auditors (Graduate Program) of the University of Tsukuba for AY 2024

Name in Kana			Date o	f Birth (Y	YYY/MM/DD)	Nationality
Name of Applicant				/	/	
	of residence in Japan	Year	(s)	Mon	th(s) (As of	,)
Status	of residence					
Expiration date of your period of stay			Y	М	D	
the crea	for Applying to dited auditor's rogram					
do afte studying	e you going to er you finish as a credited uditor?	 Go back to my country Plan to go to graduate school Please write the name of the University, Faculty, Department, Program, etc. Get a job Other 		am, etc.		
-	ver been enrolled in f Tsukuba as a ent?	1.Yes, I am a current 2.Yes, I am a formar 3. No, I have never be university of Tsukuba.	student.	student at	* If you answered ' affiliation and acade	Ί ̈or ̈́2̈́, please write your mic 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
		優:コミュニケーションが問題なくとれる
日本語能力の所見	聞 く 力(優・良・可・不 可)	良:概ねコミュニケーションがとれる
	話 す 力 (優・良・可・不 可)	可:何とかコミュニケーションがとれる
* 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。		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	国からの送金 · 預貯金 <i>(</i>	٦
経費支弁方法	その他	
)
その他		
所属:	学群	学類
氏 名:	印	

* 面接者記入欄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。

Address Sheet

For sending Application for Credited Auditor University of Tsukuba

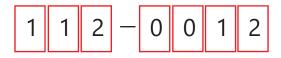
Please print out the address sheet on the next page, fill in the required information, affix it to a 332 x 240 mm envelope, and send it by registered mail.

Notes:

- 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 application delivered after the application period.
- Write your address and name in the SENDER column on the address sheet.







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

東京都文京区大塚 3-29-1

То

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	5人)
Address	—
住所	
	TEL:
Name 氏名	

Address Sheet

for Sending Application for Credited Auditors of the University of Tsukuba

Please print out the address sheet on the next page, fill in the required information, affix it to a 332 x 240 mm envelope, and send it by registered mail.

Notes:

- 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 application delivered after the application period.
- Write your address and name in the SENDER column on the address sheet.
- This sheet cannot be used to apply for the extra course.
 Please submit the Application Form for the extra course to the Academic Service Office.

郵便局の
窓口へ
Stamp





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 (Credited Auditor Application),

Department of Educational Promotion,

University of Tsukuba

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	山人)
Address	T
住所	
	TEL:
Name 氏名	