

※ Affiliation	※ Application Number

※Office use ONLY

AY2020 Credited Auditor's Program in University of Tsukuba Application Check List (Graduate program)

Name

Note: Write the number of sheet 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 sheet	✓	Required for	Note
Credited Auditor Application Form	1	<input type="checkbox"/>	Haven't enrolled as a credited auditor before	Designated form
		<input type="checkbox"/>	Have enrolled as a credited auditor before	Designated form
Photo Mount Sheet for the Student ID Card	1	<input type="checkbox"/>	All	Designated form
Application fee (Affix the tear-off portion of payment receipt of 9, 80 Yen in the designated section of Application form)	1	<input type="checkbox"/>	All	
Course Application Form	<input type="checkbox"/>	<input type="checkbox"/>	All	
Interview Form	<input type="checkbox"/>	<input type="checkbox"/>	If applicable * Only for subjects that require 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 bold frame).
Academic transcript	<input type="checkbox"/>	<input type="checkbox"/>	All (Except those who are continuously apply from the previous year)	Must be original
Documentary evidence of a change of name (e.g. Abstract of Family Register)	<input type="checkbox"/>	<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 (both original and photocopy) or Certificate of residence (住民票 Jumin-hyou)	1	<input type="checkbox"/>	International applicants	Must be original. Photocopy of other documents will not be accepted.
Certificate of Japanese proficiency	1	<input type="checkbox"/>	International applicants *Except if the course(s) you would like to apply is fully taught in foreign language.	Photocopy will be accepted
Interview form of International Applicants	1	<input type="checkbox"/>	International applicants	
Self addressed envelope without stamps (332 X 240mm) *Clearly write your Name, Zipcode and Address	1	<input type="checkbox"/>	All	

**AY2020 Credited Auditor's Program in University of Tsukuba (graduate)
Application Form**

• 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 photo
Name in Kanji				
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	- -	
		TEL	- -	
(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 <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.(Faculty etc. / Grade) ✕If you are a student of University of Tsukuba, please write your affiliation and student ID number. (*include research student)	

Graduate
credited Auditor's Program

※ Acceptance Number

The fields marked with ※ should be left blank.

※ Affiliation		Name in Kana	M/F	
		Name	M	F

Subject Period *Put a circle	Annual (Spring term* Fall term)	Spring term ONLY	Fall term 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

To get a degree (Name of the degree :)

To acquire a qualification (Name of the qualification :)

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).

AY2020 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)	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.

Purpose of Study *Please give as much detail as possible

※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
	研究科		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

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

AY2020 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 <input type="checkbox"/> Plan to go to graduate school (Please write the name of the University, Faculty, Department, Program, etc.) <input type="checkbox"/> Get a job <input type="checkbox"/> Other ()		
Have you ever been enrolled in University of Tsukuba as a regular student?	1.Yes, I am a current student. 2.Yes, I am a former student. 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 <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) 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 良: 概ねコミュニケーションがとれる 可: 何とかコミュニケーションがとれる 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 その他 ()	
その他		
面接者		
所 属:	学 群	学 類
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