**Saga University Summer Program 2015**

**Creating Innovation for Sustainability in Young Leaders**

Saga University of Japan

June 29-July 14, 2015

**PROGRAM REGISTRATION FORM**

Please complete the information below in CAPITAL LETTERS and forward to us by e-mail with other documents by **May 7, 2015**. Should you have any queries on the program, please feel free to email us at ryugaku@mail.admin.saga-u.ac.jp.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University** | | |  | | | | | | | | | | | | | | | | | |
| **Department** | | |  | | | | | | | | **Grade** | | |  | | | | | | |
| **Participant Information** | | | | | | | | | | | | | | | | | | | | |
| Family Name | | |  | | | | | | | | First Name | | | | |  | | | | |
| Gender (M / F) | | |  | | | | | | | | Date of birth  (dd-mm-yyyy) | | | | |  | | | | |
| Place of Birth | | |  | | | | | | | | Contact Email | | | | |  | | | | |
| Telephone (country code – area code – tel no.) | | | | | |  | | | | | | | | | | | | | | |
| Mailing Address | | |  | | | | | | | | | | | | | | | | | |
| Japanese Language Ability | | | | | * No * Yes (describe your skills: ) | | | | | | | | | | | | | | | |
| **Passport Information & Visa Requirement** | | | | | | | | | | | | | | | | | | | | |
| Full Name as in  Passport | | |  | | | | | | | | Nationality | | | | |  | | | | |
| Passport No. | | |  | | | | | | Place of Issue | | | | | |  | | | | | |
| Date of Issue | | |  | | | | | | Date of Expiry | | | | | |  | | | | | |
| Do you require visa to enter Japan? If yes, we will forward you an invitation letter for you to apply for visa at Japan Embassy / Consulate in your own country. | | | | | | | | | | | | | | | | | | | Yes  No | □  □ |
| **Other Information** | | | | | | | | | | | | | | | | | | | | |
| Dietary requirement (i.e. vegetarian, halal, etc) | | | | | | | |  | | | | | | | | | | | | |
| **Next-of-Kin (NOK)** *Should there be a need to contact your next-of-kin during an emergency, the person below will be contacted immediately.* | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | Relationship with  Participant | | | | | |  | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Contacts: | | | 1. Home Tel no. | | | |  | | | | | | | | | | | | | |
| 1. Mobile Tel no. | | | |  | | | | | | | | | | | | | |
| 1. Email address | | | |  | | | | | | | | | | | | | |
| **Joining for Homestay Program** | | | | | | | | | | | | | | | | | | | | |
| Yes □　　No □ | | | | | | | | | | | | | | | | | | | | |
| **Official Contact Person in University for the Program** | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | Contact Email | | | | |  | | | | | | | |
| Telephone (country code – area code – tel no.) | | | |  | | | | | | Fax (country code – area code – tel no.) | | | | | | |  | | | |
| Mailing Address | | |  | | | | | | | | | | | | | | | | | |
| We hereby nominate the above student for Saga University Summer Program 2015. (Signature ) | | | | | | | | | | | | | | | | | | | | |