Form 2

Date of Application: / /

**Kyoto University Short-Term International Student**

**APPLICATION FORM (to be completed by the student)**

(“AY2024 IAfP Short-Term Exchange Program – Kyoto University –”)

**To: The Dean of Graduate School of Asian and African Area Studies at Kyoto University**

**Name of Student:** ,

(In native language/Kanji) (Last Name) (First Name) (Middle Name)

**Sex:** □Male □Female **Nationality:**

**Date of Birth:** / /

**Current Academic Status:**

**(Name of Your University/Graduate School/Department or Division)**

 / /

I request admission to your university under the following conditions as a short-term international student.

**Supervisor at KU:** Name: ,

(Last Name) (First Name) (Middle Name)

Affiliation/Title:

## Study Plan at KU/Statement of Purpose:

**Period of Exchange:** From: Month/Date/Year - Until: Month/Date/Year

**Grade Evaluation Coefficient (GEC):**

**Supervisor at Home Institution:** Name: 　　 　,

　　　 　 (Last Name)　 (First Name) (Middle　Name)

Affiliation/Title: