

AY20_20 (令和2年) (October) Enrollment Students

Confidential**Only for UEC CIPE
and ISO staff**

外国人留学生カード Int'l Student Card

Fill-in Date : (Y)2020 (M) (D)			
Your course (select) <input type="checkbox"/> Master C. <input type="checkbox"/> Ph.D C. <input type="checkbox"/> Semestral Research <input type="checkbox"/> Non-Semestral Research <input type="checkbox"/> JUSST Program <input type="checkbox"/> Others (Program Name)		Name of your dept (if you enroll in the graduate school)	Name of your Supervisor (if officially assigned)
Name in English is as printed on Resident Card or Passport		(Attach your portrait/photo, any size fitted in this box.)	
Name in English			
ナマエ (フリガナ) if able to write down			
Name in your mother language			
Birthdate (Y) (M) (D)		Gender (select) <input type="checkbox"/> M <input type="checkbox"/> F	
Nationality (Passport you entered in Japan)		Hometown (prov./pref. & city/town)	
Religion/Belief (if applicable)		Hometown (prov./pref. & city/town)	
Your residence address while studying in UEC 〒		Phone # in Japan (if available) 0 - -	
Email address		SNS account (if applicable in Japan) ID Name: Service Name(select): <input type="checkbox"/> LINE <input type="checkbox"/> Facebook <input type="checkbox"/> Skype <input type="checkbox"/> WhatsApp <input type="checkbox"/> Other (
Your holding degree or certificate (e.g. B.E., M.E., etc) and the school name where you received the degree.			
Current (before enrollment) type of your status of residence (select) and its expiration <input type="checkbox"/> College Student <input type="checkbox"/> Engineer <input type="checkbox"/> Dependent <input type="checkbox"/> Temporary Visitor <input type="checkbox"/> Other((if you have the residence status) Expiry date, until (Y) (M) (D)			
Name of the school or company above which supports your resident status in Japan (if you have the resident status of College Student or Engineer)			
Type of your status of residence during your study at UEC (select) <input type="checkbox"/> College Student <input type="checkbox"/> Engineer <input type="checkbox"/> Dependent <input type="checkbox"/> Other (
Currently health insurance(s) that is effective in Japan (select all if applicable) <input type="checkbox"/> JPN NHI <input type="checkbox"/> Health insurance by company <input type="checkbox"/> UEC's Student Ins. <input type="checkbox"/> Traveller's Insurance <input type="checkbox"/> N/A currently			
If you hold any effective health insurance;		Expiry date 20 / /	
Scholarship to be receiving (Name of the foundation/group and its eligibility period, if applicable) Name of the scholarship program or the foundation Eligibility period (Month, Year) From _____,20____ ~To _____,20____			

Japanese ability by certificate (select) <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N4 <input type="checkbox"/> Have never examined <input type="checkbox"/> Failed in N() <input type="checkbox"/> Other () When you passed (took) the exam (YYYY/DD/MM): / /		
Emergency Contact information in Japan (if applicable)		
Name	Phone# or Email	Relation
Emergency contact information of your family in your home country or out of Japan		
Relation with you (select) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other()		
Contact person's name in native language, if Chinese		Contact person's name in English
His/her native language	His/her non-native communication language (select or fill-in) <input type="checkbox"/> Japanese <input type="checkbox"/> English <input type="checkbox"/> Other(detail)	
His/her Contact address (in English or Chinese Hanzi, if available)		
Contactable phone #. (country code) —	Contactable email address	
Remarkable MEDICAL HISTORY or anything you need to declare for the medical treatments, esp. related with your own ethical, cultural and/or religious manners.		
Confirmation To Center for International Programs and Exchange and International Student Office; I hereby confirm that the statement given above is true and correct. If any change needs to be made, I will inform International Student Office, UEC as soon as possible. Date: _____ Signature (on your passport): _____		

備考欄

入学手続日：3/14, 3/15, 3/26, 3/27, 9月

- 研究室・指導教員（確定, 未定, その他）
- 現住所（UEC Port, 五思寮, 一橋, 外部賃貸, 保護者同居, その他）
- 引っ越し予定（ない, 最近・住民登録変更まだ, これから引っ越し予定, その他）
- メールアドレス, 綴りを確認
- 電話番号 or SNSのID
- 在留資格と有効期限（至急要延長手続, 至急要変更手続, 入学直後要延長）
- 奨学金情報（国費, 財団名）
- 母国家族の連絡先
- 確認書欄

未収集書類

- パスポート（更新手続中, 持参忘れた, その他）
- 在留カード（持参忘れた, 再発行中, その他）
- 国保（社保）カード（持参忘れた, 引っ越し予定, 未加入, その他）