**宇都宮大学特別聴講学生受入願**

**Application for Admission as Utsunomiya University Special Auditor**

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| **フリガナ**  Name in Japanese | |  | | | | | | | | | | | | | | | 男  Male  女  Female | | | | 写真  Photo  40mm×30mm | | | | | |
| **氏名**  Name in Chinese character or alphabet | |  | | | | | | | | | | | | | | |
| **生年月日**  Date of birth | |  | | 年  Year | |  | | | | 月  Month | | | |  | | | | 日  Day | | |
| **国籍**  Nationality | |  | | | | | | | | | | | | | | | | | | |
| **本籍地**Permanent address | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **現住所** Present address | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **電話番号**Phone number | | | | | | | | | **Eメールアドレス** E-mail address | | | | | | | | | | | | | | | | | |
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| **在籍大学** Home university | | | | | | | | | | | | | | **所在国** Country | | | | | | | | | | | | |
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| **在籍年次**  School year | 学部生　 　　　 修士課程　　　　 博士課程  Undergraduate Master’s course Doctoral course | | | | | | | | | | | | | | | | | | | |  | | | 年  School year | | |
| **卒業予定時期**Date of expected graduation | | | | | | |  | | | | 年 YY | | | | |  | | | | 月 MM | | |  | | | 日 Day |
| **学部/研究科**  Faculty |  | | | | | | **学科/専攻**  Department/Major | | | | | | | |  | | | | | | | | | | | |
| **日本語学習歴** Japanese language learning experience | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日本語能力試験 Japanese language proficiency test | | | | | | | | | | | |  | | | 級 level | | | | | | | | | | | |
| 日本語教育を受けた教育機関・期間 Organization/Period you received Japanese education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機関名 Organization | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 期間 Period |  | | 年 YY | |  | | | 月 MM～ | | | | |  | | | | | | 年 YY | | |  | | | 月 MM | |
| 機関名 Organization | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 期間 Period |  | | 年 YY | |  | | | 月 MM～ | | | | |  | | | | | | 年 YY | | |  | | | 月 MM | |
| なし None | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **留学希望期間** Expected study period at Utsunomiya University | | |
| １学期間　 ２学期間  One semester Two semesters | **開始学期**  Commencement | 春学期（4-9月）　　　 秋学期（10-3月）  Spring semester (Apr.-Sep.) Fall semester (Oct.-Mar.) |
| **受入れ希望先** Preferred School | | |
| 国際学部　　　　　　　　　　　　 共同教育学部  School of International Studies Cooperative Faculty of Education  工学部　　　　　　　　　　　　　 農学部  School of Engineering School of Agriculture  地域デザイン科学部　　　　　　　 地域創生科学研究科  School of Regional Design 　　　　　　 Graduate School of Regional Development and Creativity | | |
| **志望の理由及び学習計画** Reason why you apply to the school above & your study plan at Utsunomiya U  **\***地域デザイン科学部に申請する場合は、どの学科を希望するかについて必ず記入すること。  If you apply to the School of Regional Design, please be sure to specify which Department you want to enroll. | | |
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| **奨学金受給の有無** Have you won any scholarship to study in Japan? | | | | | | |
| 有 Yes | 無 No | | | | | |
| 受給が決定している場合 if yes, | | | | | | |
| 奨学金の名称 Name of scholarship | |  | | | | |
| 月額 How much will you get a month? | |  | | 円 yen | | |
| **過去に日本の長期滞在ビザを申し込んだことがあるか** Have you ever applied for Japanese long-stay visa? | | | | | | |
| 有 Yes | 無 No | | | | | |
| ビザの種類 Type of visa | | □留学　　□その他（　　　　　　　　）  　Student Others(details) | | | | |
| 申請時期 Application date |  | | 年 YY | |  | 月 MM |
| 申請結果 Application result | | □許可 Approved　　□不許可 Rejected | | | | |

宇都宮大学特別聴講学生として受け入れて下さるよう、所定の書類を添えてお願いします。

I apply for admission as an Utsunomiya University special auditor with the required documents.

　年　　　　月　　　　日

Year Month Date

申請者署名

Applicant’s signature

宇都宮大学長　　殿

To the President of Utsunomiya University

提出締め切り：2024年5月31日（金）書類データ必着

Application materials should be arrived to Utsunomiya University via email

by May 31, 2024