

(Form 1)

APPLICATION FOR RESIDENCE AT INTERNATIONAL HOUSE

Date: \_\_\_\_\_  
(yyyy/mm/dd)

To Director of the International House

I hereby submit my application for residence at the International House.

Name	Signature																		
Date of Birth	/	/	(yyyy/mm/dd) <input type="checkbox"/> Male <input type="checkbox"/> Female																
Nationality	<b>This form is for reference only. Please use the Japanese form when submitting your application.</b>																		
Affiliation																			
Current Status at the University																			
Previous Academic Institution and																			
Name of Supervisor / Host Faculty Member	Seal																		
Type of Room	<input type="checkbox"/> Single	<input type="checkbox"/> Couple	<input type="checkbox"/> Family																
Term of Residence	/	/	(yyyy/mm/dd)																
	/	/	(yyyy/mm/dd)																
<b>Accompanying Family Members</b>																			
<table border="1"><thead><tr><th>Name</th><th>Date of Birth (yyyy/mm/dd)</th><th>Sex</th><th>Relation to Applicant</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Name	Date of Birth (yyyy/mm/dd)	Sex	Relation to Applicant												
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