

Graduate School of History and Folklore Studies, Kanagawa University
Application Form for 2021 Admission

*

*Please do not write in this space

Exam Type	Recommendation from designated school	Admission for October 2021
-----------	---------------------------------------	----------------------------

Name	Katakana			Gender M/W
	(Chinese characters or mother language)	Last	First	
	(Alphabet)	Last	First	

PHOTO
 Attach photo taken within 3 months before application.
 Upper body, full-face, no hat
 (4cm × 3cm)
 Write your name and preferred graduate school on the back.
 (Snapshots not acceptable)

Date of Birth	Year	Month	Day	Nationality	
---------------	------	-------	-----	-------------	--

Current Address (Address for Notification of Results)					
	TEL (Home)		/TEL (Mobile)		
	E-mail				

Emergency Contact	Name		Relationship with Applicant	
	Address			
	TEL			
	E-mail			

Preferred Program	Course	Area
	Master's / Doctorate (Circle one that applies.)	Historical Materials Folklore Materials Nonwritten Cultural Materials (Circle one that applies.)

Name of School Attended	University Graduate School
Address of School Attended	
	TEL
Title of Graduation (Master's) Thesis and Name of Supervising Professor	Name of Supervising Professor

■ Please write details on the back.

Academic Background	Month/Year of Entrance & Graduation (Completion)	Duration of enrollment	Name of School				
	_____ (Month) ____ (Year)	____ years & ____ months	Elementary School				
	_____ (Month) ____ (Year)	____ years & ____ months	Junior High School				
	_____ (Month) ____ (Year)	____ years & ____ months	High School				
	_____ (Month) ____ (Year)	____ years & ____ months					
	_____ (Month) ____ (Year)	____ years & ____ months					
	_____ (Month) ____ (Year)	____ years & ____ months	National Public Private	University	Faculty	Department	Graduated Expected
	_____ (Month) ____ (Year)	____ years & ____ months	National Public Private	Graduate School	School	Course	Master's/Doctoral Completed Expected
Research Student	_____ (Month) ____ (Year)	____ years & ____ months	National Public Private	University	Faculty	Department	Completed Expected

Japanese Language Study Background	From/To	Duration of enrollment	Name of Japanese Language Institution (Location)				
	From ____ (Month) ____ (Year)	____ years & ____ months					
	To ____ (Month) ____ (Year)	____ years & ____ months					

Employment History	From ____ (Month) ____ (Year)	
	To ____ (Month) ____ (Year)	
	From ____ (Month) ____ (Year)	
	To ____ (Month) ____ (Year)	
From ____ (Month) ____ (Year)		
To ____ (Month) ____ (Year)		
From ____ (Month) ____ (Year)		
To ____ (Month) ____ (Year)		

■ Please fill in the above if applicable.