

Certificate for Payment of the Examination Fee

(Please attach payment receipt of examination fee on the back side of this form.)

Applicant Name (Family, First, Middle)

Reference Letter

Referee Name and Title

Name (in block letters) _____

Title/Position _____

School Name _____

School Address

City

Country

Postal Code

School Website URL _____

Applicant Name

Name (Family, First, Middle) _____

Date of Birth (yyyy/mm/dd) _____

Date (Expected Date) of
Graduation (yyyy/mm) _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. Please check the appropriate box for the applicant in terms of each of the following:

*(5) Exceptional, (4) Well above average, (3) Above average, (2) Average, (1) Below average, (0) Unable to judge

*	(5)	(4)	(3)	(2)	(1)	(0)
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pursue independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to study in Japan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to new social environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-cultural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the applicant's academic strengths and weaknesses?

5. What have been the applicant's greatest achievements (academic performance, awards, extra-curricular activities or other special talents)?

6. Please provide any other essential information that you think we should know about the applicant.

7. Do you recommend the applicant to our Undergraduate English Program?

Please check one of the following options.

- Highly recommend Recommend Recommend with reservations Do not recommend

I hereby declare that all of the information provided about the applicant is true and accurate to the best of my knowledge.

Date (yyyy/mm/dd)

Signature

School Information Form

*Please describe information about the last high school (secondary school) attended.

Applicant Name (Family, First, Middle) _____

1. General Information

School Name	
City, Country	
School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> International School
Accreditation (e.g. Ministry of Education, WASC, CIS, ACSI)	
Grade Levels Offered (e.g. 10-12)	
Language of School	
Year Founded	
Total Number of Enrolled Students	Enrollment limit per grade: _____ Total number of enrolled students: _____
Number of Teachers	
Website URL	

2. Educational Information

Please attach a school profile/brochure that includes an overview (the official name, location, number of students, teachers, and accreditation etc.) and education content (the educational goals, components and methods of admission exams, curriculum, and career patterns after graduation).

Completed by (School Principal or Administrator)

Name (in block letters) _____

Title/Position _____

Contact E-mail Address _____

Date (yyyy/mm/dd) _____

Signature _____

Study Plan

Applicant Name (Family, First, Middle) _____

Describe your motivation for applying and your plan of study in English within 800 to 1,200 words. You may continue on a separate A4 or letter-sized sheet and attach it to this form.

Financial Plan

Applicant Name (Family, First, Middle) _____

Describe in detail your financial plan for study and living expenses after your enrollment. You may continue on a separate A4 or letter-sized sheet and attach it to this form.

Checklist for Application Documents

*After checking the required documents, please send this form to us with your other documents.

Applicant Name (Family, First, Middle) _____

<input checked="" type="checkbox"/>	Necessary Documents	Who Should Submit	Remarks
	Entry Form (Form 1)	<u>All</u>	
	Certificate for Payment of the Examination Fee (Form 2)	<u>All</u>	
	Reference Letter (Form 3)	<u>All</u>	<u>A reference letter should be in a sealed envelope.</u> <input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from school
	School Information Form (Form 4) and School Profile/Brochure	<u>All</u>	<input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from school
	Study Plan (Form 5)	<u>All</u>	
	Financial Plan (Form 6)	<u>All</u>	
	Qualification Certificate (certificate of completion/expected completion)	<u>All</u>	<u>Only original certificates or certified copies will be accepted.</u> <input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from school
	Transcript	<u>All</u>	<u>Only original transcripts or certified copies will be accepted.</u> <input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from school
	Copy of Passport	<u>All</u>	
	TOEFL, TOEIC, or IELTS Test Score Report	Applicable Persons	Test Name () <input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from institution
	Test Results and Copies of Official Materials of Standardized Examinations	Applicable Persons	Test Name () <input type="checkbox"/> Enclosed / <input type="checkbox"/> Sent directly from institution
	EJU Test Results	Applicable Persons	
	Other Documents to Support Your Application	Applicable Persons	
	Checklist for Application Documents (Form 7)	<u>All</u>	