

## International Supporters Request Form

Family Name		Sex	select one	
First ( or Given) Name		Date of Birth	Year	Month Day
Affiliation	School/ Graduate School	Organization for International Education and Exchange	Department/ Major	
Current Status at University of Toyama	Other Please Specify:( Japanese Program Trainee )			
Name of Supervisor/ Advisor	TANAKA Nobuyuki			
Entry Date to Japan	Year☒	Month☒	Day	Arrival Date in Toyama Year Month Day
Period of Stay	2 Years/ Months		Have you ever stayed in Japan for long-term?	No
JASSO Scholarship	select one		Government Scholarship Student	Yes
Contact Information in Japan (If you have)	〒 Address TEL			
E-mail Address	Before coming to Japan			
	After coming to Japan			
Nationality		Native Language		
Japanese Level or Any Foreign Language Level You Speak	(Answer Examples) I can communicate in general daily conversations such as how to use transportation/ I can speak in very simple daily conversations/ I can communicate with simple words and gestures/ etc.			
Accompanied Family Members	select one (If yes, fill in the family relations. If you have children, their age and whether they attend schools.)			
Request for Support (Check support-needed items)	<input type="checkbox"/> Meet at Toyama airport or station <input type="checkbox"/> Finding an apartment <input type="checkbox"/> Moving into the University housing or an apartment <input type="checkbox"/> Resident registration at City Hall <input type="checkbox"/> Opening a bank account <input type="checkbox"/> Connecting mobile phone <input type="checkbox"/> Glossary shopping			
Others	(If you need any support other than the above, please specify.)			

※ All personal information contained in this application form will be properly protected based on the "University of Toyama Policies on Personal Information Protection".