

April 2024 Admission School of Japan Studies Entrance Examination (English-Speaker track) <Application Form>

Paste a Photo

- (1) 4cm long x 3cm wide
- (2) Upper body, face front, no hat, taken within 3 months
- (3) Write down your name and nationality on the back of the photo.

Do you wish to apply for the MEXT scholarship?

Yes

No

Name Write your name in English exactly as it appears on your passport.	Surname	Smith
	Given names	Gaidai Taro
Date of Birth	(YYYY, MM, DD in AD system (19YY, 20YY)) 20XX, 01, 01	
Nationality <small>*If you hold more than one nationality, list them all.</small>	Thai , French	
First Language	Thai	
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Current Address	Please write your address where we can reach you until your departure to Japan. XXXX Road, Bangkok, Thailand	
Personal Telephone Number	+66-XXXX-XXXX	
Family's Telephone Number	+66-XXXX-XXXX	
E-mail Address	gaidai-smith@xxx.com	
Current Status	<input checked="" type="checkbox"/> (a) Student <input type="checkbox"/> (b) Other	
In case of (a)	Name of school/university	Foreign Studies High School
	Currently in what year/grade	Grade 12
	[If you are a high school student] Expected date of graduation	(YYYY, MM) in 20XX, 03
In case of (b)	State your current status.	

1. Please write neatly in block letters if filling out by hand.
2. Use Arabic numerals for numbers, and Anno Domini system for years.
3. Write proper nouns in full without abbreviation.

Name	Smith, Gaidai Taro (Surname) , (Given names)
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Academic Background

	Name and Location of School	Year and Month of Entrance and Completion (If you skipped years/grades, write down the detail.)	Medium of Instruction	Duration of Attendance (Include long recess like summer break, etc.)	Required Years for Graduation
Elementary Education (Elementary School)	Name of School (City, Country) Bangkok Elementary School (Bangkok, Thailand)	Entrance-Completion (YYYY, MM) 20XX, 04- 20XX, 03	Thai	Total 6 years and months	6 years
Secondary Education Lower Secondary (Middle School)	Name of School (City, Country) Bangkok Middle School (Bangkok, Thailand)	Entrance-Completion (YYYY, MM) 20XX, 04- 20XX, 03	Thai	Total 3 years and months	3 years
Upper Secondary (High School)	Name of School (City, Country) Bangkok High School (Bangkok, Thailand) Foreign Studies High School (Bangkok, Thailand) Transferred from Grade 11	Entrance-Completion (YYYY, MM) 20XX, 04- 20XX, 03 20XX, 04- 20XX, 03	Thai Thai	Total 3 years and months	3 years
University	Name of School (City, Country) - Major (If applicable)	Entrance-Completion (YYYY, MM)		Total years and months	 years
Total years of schooling stated above				12 years and months	12 years

After graduating from high school	Please state the periods and the activities in which you were involved in after graduating from high school.
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Name	Smith, Gaidai Taro (Surname) , (Given names)
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Language Declaration

English Proficiency Test Score (Check one)	<input type="checkbox"/> Not applicable <input type="checkbox"/> TOEIC L&R/S&W <input type="checkbox"/> Cambridge <input checked="" type="checkbox"/> TOEFL iBT: Registration # (0000-0000-1111-2222) <input type="checkbox"/> IELTS: Candidate # ()	Test Date (YYYY, MM, DD) 20XX, 01, 01	Score 72
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Japanese Language Proficiency Test (If applicable)	Test Date (YYYY, MM, DD)	Level
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Languages (Self-evaluate as "Excellent," "Good," "Adequate," "Poor," or "None.")

	Reading	Writing	Listening	Speaking
English	Excellent	Good	Good	Adequate
Japanese	Adequate	Poor	None	None
Spanish	Adequate	Adequate	Adequate	Adequate

Visit to Japan (List two of your most recent visits to Japan.)

Date (YYYY, MM, DD)	Purpose
From 20XX, 02, 02 To 20XX, 03, 03	Trip to Tokyo and Kyoto with my family
From To	

Health Condition/Chronic Illness or Disorder

<input type="checkbox"/> I do not have any illness or disorder.	
<input checked="" type="checkbox"/> I have a chronic illness or disorder.	Please describe in detail (e.g., symptoms, treatment you are receiving, how often you need to visit a doctor, etc.). I have asthma. I see a doctor once every month to get a medical prescription.

Dormitory on campus

(Note: Dormitory is not guaranteed even if you check "Yes" below.)

Do you wish to apply for the dormitory on campus?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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I certify that all information in my application is factually true, and honestly presented.

Signature: _____ Date (YYYY, MM, DD): _____