**Application form for SOKENDAI Auditing Student with Credit**

Date: / /

1. Applicant

(1) Name:

(2) Date of Birth: (Year) / (Month)/ (Day)

(3) Gender:

(4) Address:

TEL:

E-mail:

(5) University

・Obtained Bachelor from:

 (Faculty: , Department: )

 Date of graduation: (Year) / (Month)/ (Day)

・Obtained Master from:

 (Faculty : , Department: )

 Date of graduation: (Year) / (Month)/ (Day)

・Obtained Doctor from:

 (Faculty : , Department: )

 Date of graduation: (Year) / (Month)/ (Day)

 (6) Current Job Title:

1. Course List :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program | Courses title | Credit(s) | Lecturer | I have obtained the lecturer’s consent to accept me.\*1 |
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]

1. Duration of the courses : From (Year) / (Month)/ (Day)

 To (Year) / (Month)/ (Day)

Attached documents

1. Personal resume
2. Certificate of Graduation ( or Certificate of Expected Graduation)

(3)　List of a major research achievement

Note :

\*1 You need to contact to the lecturers at SOKENDAI and check the box before submitting this form.

\*2 Please contact the Educational affairs section and transfer **\9,800** as the examination fee to the bank account via direct deposit.