

Registration Form

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I. Applicant's Information*

Name	Jane Doe
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II. Official Education*

- List, in chronological order, all schools attended from elementary school to your current or most recent school, including university. DO NOT include nursery, kindergarten or language schools.
- 12 years of official education are required (or must be scheduled to be completed by the time of enrollment).

Name of School (Type in English alphabet)	School Category	Medium of Instruction	School Address (City, Country)	Period of Attendance				Years Attended
				Start Date		End Date		
				Year	Month	Year	Month	
ABCD Elementary School	Elementary	English	Hangzhou, China	2009	9	2015	6	6
EFGH Junior High School	Middle	English		2015	9	2017	6	2
IJKL High School	Senior High	English	Honolulu, USA	2017	9	2021	6 <small>prospective</small>	4

Name of School (Type in English alphabet)	School Category	Medium of Instruction	School Address (City, Country)	Period of Attendance				Years Attended
				Start Date		End Date		
				Year	Month	Year	Month	
ABCD Elementary School	Elementary	Japanese	Tokyo, Japan	2005	4	2010	8	5
EFGH International School	Elementary	English	Honolulu, USA	2010	9	2011	6	1
IJKL Middle School	Middle	English	Honolulu	2011	9	2014	6	3
IJKL High School	Senior High	Korean	Seoul, ROK	2014	6	2017	2	3
Total Years of Education:								12

III. Other Attended Schools

List any other schools that you have attended (e.g. language schools, specialized institutions).

Name of School (Type in English alphabet)	School Category	Medium of Instruction	School Address (City, Country)	Period of Attendance				Years Attended
				Start Date		End Date		
				Year	Month	Year	Month	
Ritsumei Japanese Center	Language	Japanese	Seoul, ROK	2014	9	2017	8	3

IV. Employment History

If you are currently working or have been employed previously, please enter your work details and job descriptions below. Do not include part-time work.

Name	Address (City, Country)	Title	Period of Work			
			From		To	
			Year	Month	Year	Month

V. Application for the status of residence “Student” *FOR THOSE WHO DO NOT POSSESS JAPANESE NATIONALITY

Do you have a status of residence in Japan?				
<input type="checkbox"/> Yes	→	Your status: Select your status	If selected “Others” Specify here	Valid Until: Select Date
* If you wish to switch to Student Visa or extend your Student Visa, please check Yes to VI. Q1 below.				
<input checked="" type="checkbox"/> No	→	Do you wish the University to apply for the Certificate of Eligibility for Status of Residence on your behalf?		<input checked="" type="checkbox"/> Yes

VI. Application for Tuition Reduction Scholarship *FOR THOSE WHO DO NOT POSSESS JAPANESE NATIONALITY

Q1. Do you intend to hold the status of residence of “Student” during your studies at Ritsumeikan University?		
<input checked="" type="checkbox"/> Yes	→	Q2. Do you wish to apply for the Ritsumeikan University Tuition Reduction Scholarship for International Students?
<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes

NOTE:

- This scholarship is only for international students who possess the status of residence “Student” by the time of enrollment and who need financial support to pursue their study at the University.
- If you do not tick “Yes” to Q2, it will be regarded that you do not wish to apply for the Ritsumeikan University Tuition Reduction Scholarship for International Students.
- The answers you fill in will not influence the admission result.

VII. Place of Stay during the application/screening period*

Will you be staying with the same address until the final result notification date?		
<input checked="" type="checkbox"/> Yes		
<input type="checkbox"/> No	→	Where will you be?
	Period (MM/DD-MM/DD)	Postal Address

VIII. Interview Information *NOT APPLICABLE FOR THOSE APPLYING TO ISSE COURSE

Skype ID	YourID	Interview Place (City, Country)	Seoul, ROK
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IX. Information of your Referee(s)* (The person who provided your Letter of Reference)

Referee #1*			
Name	John Doe		
School/Organization Name	IJKL High School	Occupation	English Teacher
Phone Number	+82-2-555-5555	Email	email@sample.edu

Referee #2 *ONLY APPLICABLE FOR THOSE APPLYING TO ISSE COURSE			
Name			
School/Organization Name		Occupation	
Phone Number		Email	

X. Documents sent by post (Only where applicable)

If you have sent documents by post, specify by checking the box(es) below.

(Only applicable if your documents are officially sealed in an envelope by the issuing body to be submitted to the University directly)

- ☒ Academic Transcript ☐ Certificate of (Expected) Graduation ☐ Others (Please specify:)

XI. Declaration*

I hereby declare that all of the information I have provided is true and that the documents I have submitted are not forgeries. If any forgeries or false information are found before or after enrollment, I understand that my acceptance will be revoked, and no appeals will be allowed under any circumstances.

Date: 5/7/2021

Name: Jane Doe