

# SWU Summer International Program 2015 Application Form

## INSTRUCTIONS

- Please complete this form in BLOCK letters in English
- Email to: Center for International Exchange (Showa Women's University)  
[ciestaff@swu.ac.jp](mailto:ciestaff@swu.ac.jp)

If you are a student from Boston, send copy to:	Global Education Center (Showa Boston Institute) <a href="mailto:vkeniry@showaboston.edu">vkeniry@showaboston.edu</a> ...and your school's Study Abroad Department
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- **Deadline: Monday, March 16, 2015**

## PERSONAL DETAILS

	Name			
		Given	Middle	Family
Home Institution				
Concentration				
Graduation Year				
Address				
Current				
Permanent				
Phone Number				
Email				
Nationality				
Date of Birth	/      / <small>M / D / Y</small>			
Country of Birth				
Nationality				
Passport Number				

## QUESTIONS FOR REFERENCE

1 Have you been to Japan? No  Yes  (Please provide details below)

2 Have you taken any Japanese courses? No  Yes  (Please provide details below)

3 Do you have any allergies (including food allergies), have a medical condition or take any medication that SWU and your homestay family should know about? No  Yes  (Please provide details below)

Participants will be asked to share the 6 items of information below after the registration.

- 1) Emergency Contact    2) Return trip Travel Information    3) Insurance Information    4) Allergies and any special concerns  
 5) ID photo data        \*Travel and health insurance are required of all participants.