**Nara Women’s University, Faculty of Letters**

**YAE-ZAKURA Program**

**2023-2024 Application Form**

**A.**

|  |  |  |
| --- | --- | --- |
| First name: Ms. / Mr.  | Middle name: | Family name: |
| Date of Birth (e.g. August 1st, 2001): | Nationality: |
| Address: |
| E-mail: | Phone number: |
| Supervisor (or academic adviser) (Name) Prof. (Status/position at the institution, e.g. Associate Professor) (E-mail Address) |

\*Please contact your supervisor or academic adviser before submitting this form.

**B.**

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| --- |
| Home University:  |
| Major and Minor: |
| Year (e.g. freshman, sophomore, as of October 2023): |

**C.**

|  |
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| 1. Why do you want to participate in this program? What do you want to learn through this program? |

**D.** Please attach certified copies of the following documents with this form:

□　Proof of student status

□　Transcript

**Nara Women’s University, Faculty of Letters (Exchange Program)**

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