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

**YAE-ZAKURA Program**

**2023-2024 Application Form**

**A.**

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| --- | --- | --- | --- |
| 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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