

Overseas Selection of Applicants

Form 01

Applicant's resume
Selection of Applicants Recommended by Designated Schools
Selection of International Applicants

Examinee Number	*
-----------------	---

Leave the asterisked space blank.

* Please circle your application method.	
	Selection of Applicants Recommended by Designated Schools
	Selection of International Applicants

College (circle the applicable College)

*Make sure to enter the Area/Program Course

	College of Arts and Sciences (Area : _____)			
	College of Global Communication			
Please select and circle one major you want to apply for. *				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">English Major</td> <td style="width: 33%; text-align: center;">Chinese Major</td> <td style="width: 33%; text-align: center;">Japanese Major</td> </tr> </table>	English Major	Chinese Major	Japanese Major
English Major	Chinese Major	Japanese Major		
	College of Business Management (Department : _____)			
	College of Health and Welfare (Program : _____)			
	College of Performing and Visual Arts (Program : _____)			

Attach your photo here

(Apply glue completely)
4 cm long x 3 cm wide
Show upper body, facing front with no hat
Photographed within the last 3 months

* No background should be included.

*Please refer to page 09 for information on majors in the College of Global Communication.

Furigana					
in the Alphabet		Gender	Nationality	Native language (First language)	Date of birth
Full name		Male Female			dd/ mm/ yy

Applicant's Address	TEL : _____
	Mobile : _____ phone : _____
Email	

*Please indicate your email address clearly and in a large font in case we need to contact you via email.

Education History (start from elementary school)

Name of School	Address	Country	Period	Family
Elementary school (National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
Junior high school (National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
High school (National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
University (National/Public/Private)			mm/ yy- mm/ yy	Family or Single household

*For the school of final education, enter the period including expected graduation.

Japanese Language Learning History

School (high school, university, language school, cram school, etc.)	Location (country & city)	Period	Hours	Level
		mm/ yy - mm/ yy	_____ hours/week	<ul style="list-style-type: none"> • Beginner • Intermediary • Advanced
		mm/ yy - mm/ yy	_____ hours/week	<ul style="list-style-type: none"> • Beginner • Intermediary • Advanced
		mm/ yy - mm/ yy	_____ hours/week	<ul style="list-style-type: none"> • Beginner • Intermediary • Advanced
		mm/ yy - mm/ yy	_____ hours/week	<ul style="list-style-type: none"> • Beginner • Intermediary • Advanced
<p>If you studied outside the school system, describe the method, period, and materials used for study.</p>				

EJU, JLPT, and Other National Exams (Certification Tests)

Exam	Date of Exam	Results
Examination for Japanese University Admission for International Students (EJU)	dd/ mm/ yy	
Japanese Language Proficiency Test (JLPT)	dd/ mm/ yy	N () Score ()点
Other national exam/certification test, etc. ()	dd/ mm/ yy	
Other national exam/certification test, etc. ()	dd/ mm/ yy	

**Selection of applicants recommended by designated schools
(Type I Designation)**

**Selection of international applicants
(who prefer the scholarship student selection method)**

Letter of Consent

To: President of J. F. Oberlin University

I hereby declare that, in applying for J. F. Oberlin University through the scholarship student selection method, which is part of the University's overseas applicant selection methods, I fully understand and accept the conditions for remaining an eligible recipient of the University's Scholarship for Privately-financed International Students, as provided for in the "J. F. Oberlin University Scholarship for Privately-financed International Students."

(Month, date, year)

Address :

Applicant's name :

Parent's/guardian's name:

Overseas Selection of Applicants

Form 05

Applicant's resume	Selection of Transfer Applicants
	Selection of Transfer Applicants (Double Degree)

Examinee Number	*
-----------------	---

Leave the asterisked space blank.

If you apply as a double degree student, please circle the university you are enrolled in.

	Tianjin Foreign Studies University		Dalian Neusoft University of Information
Northeast Normal University	Qingtao Technological University		Zhejiang Gongshang University

College (circle the applicable College) *Make sure to enter the Program/Program Course

	College of Arts and Sciences (Area : _____)						
	College of Global Communication <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td colspan="3" style="text-align: center;">Please select and circle one major you want to apply for. *</td> </tr> <tr> <td style="text-align: center;">English Major</td> <td style="text-align: center;">Chinese Major</td> <td style="text-align: center;">Japanese Major</td> </tr> </table>	Please select and circle one major you want to apply for. *			English Major	Chinese Major	Japanese Major
Please select and circle one major you want to apply for. *							
English Major	Chinese Major	Japanese Major					
	College of Business Management (Department : _____)						
	College of Health and Welfare (Program : _____)						
	College of Performing and Visual Arts (Program : _____)						

Attach your photo here
 (Apply glue completely)
 4 cm long x 3 cm wide
 Show upper body, facing front with no hat
 Photographed within the last 3 months

* No background should be included.

*Please refer to page 09 for information on majors in the College of Global Communication.

Furigana		Gender	Nationality	Native language (First language)	Date of birth
in the Alphabet					
Full name		Male Female			dd/ mm/ yy

Applicant's Address	TEL : _____
	Mobile : _____ phone
Email	

*Please indicate your email address clearly and in a large font in case we need to contact you via email.

Education History (start from elementary school)

Name of School	Address	Country	Period	Family
(National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
(National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
(National/Public/Private)			mm/ yy- mm/ yy	Family or Single household
(National/Public/Private)			mm/ yy- mm/ yy	Family or Single household

*For the school of final education, enter the period including expected graduation.

Overseas Selection of Applicants

Form 05

Work History (If you have ever worked)

School/Company	Location	Department/Industry	Period
			mm/ yy - mm/ yy
			mm/ yy - mm/ yy
			mm/ yy - mm/ yy

Japanese Language Learning History

School (high school, university, language school, cram school, etc.)	Location (country & city)	Period	Hours	Level
		mm/ yy - mm/ yy	_____ hours/week	Beginner/ Intermediary/ Advanced
		mm/ yy - mm/ yy	_____ hours/week	Beginner/ Intermediary/ Advanced
		mm/ yy - mm/ yy	_____ hours/week	Beginner/ Intermediary/ Advanced
		mm/ yy - mm/ yy	_____ hours/week	Beginner/ Intermediary/ Advanced

If you studied outside the school system, describe the method, period, and materials used for study.

EJU, JLPT, and Other National Exams (Certification Tests)

Exam	Date of Exam	Results
Examination for Japanese University Admission for International Students (EJU)	dd/ mm/ yy	
Japanese Language Proficiency Test (JLPT)	dd/ mm/ yy	N () Score ()
Other national exam/certification test, etc. ()	dd/ mm/ yy	
Other national exam/certification test, etc. ()	dd/ mm/ yy	

Overseas Selection of Applicants

Form 07

Admissions Office Screening

Application Number	*
--------------------	---

*Office Use Only

Applicant's personal statement

College (circle the applicable College)*Make sure to enter the Program/Program Course

	College of Arts and Sciences (Area : _____)			
	College of Global Communication	Please select and circle one major you want to apply for.		
		English Major	Chinese Major	Japanese Major
	College of Business Management (Department : _____)			
	College of Health and Welfare (Program : _____)			
	College of Performing and Visual Arts (Program : _____)			

Attach your photo here

(Apply glue completely)
4 cm long x 3 cm wide
Show upper body, facing front with no hat
Photographed within the last 3 months

* No background should be included.

*Please refer to page 09 for information on majors in the College of Global Communication.

Personal Details

Family Name (As it appears on your passport)	Given Name(s)
	First Middle
Family Name in Chinese Characters / Kanji (if applicable)	Given Name(s)
	First Middle

Date of Birth (YYYY/MM/DD)	/ /
Nationality(ies)	

Native Language	
Language(s) Spoken at Home	
Language of Education	
Other Language Abilities/ Qualifications	

Education History:

Please enter the length of study in secondary schools (Location: If in Japan, write the prefecture; if overseas, write the country and region)

Name of Secondary School	Location	Date of Entrance (YY/MM)	Date of Graduation (Expected)	Length of Study
		YY/MM	YY/MM	
		YY/MM	YY/MM	
		YY/MM	YY/MM	

Overseas Selection of Applicants

Post-Secondary School History: Please enter your education (e.g., university, preparatory school, Japanese language school, vocational college) and work experience after graduating from secondary school

Institution Name	Location	From – To (YY/MM – YY/MM)	Length of Study
		YY/MM YY/MM	
		YY/MM YY/MM	
		YY/MM YY/MM	
		YY/MM YY/MM	
		YY/MM YY/MM	

Experience Outside Japan:

Please enter your experience staying or living in countries other than Japan for any period or purpose (except sightseeing)

Country	Accompanied by family?	From – To (YY/MM – YY/MM)	Purpose (if studying abroad, enter the name of the study abroad organization.)
	Yes / No	__ yrs __ mths	
	Yes / No	__ yrs __ mths	
	Yes / No	__ yrs __ mths	
	Yes / No	__ yrs __ mths	
	Yes / No	__ yrs __ mths	

Participation in University Programs

(e.g., auditing high school-university collaboration/short-term programs; Not including open campus classes, etc.)

University Name	Subject/ Course Name	From – To (YY/MM – YY/MM)	Number of Credits/ Hours
		YY/MM – YY/MM	
		YY/MM – YY/MM	

List three books in which you have great interest

Title	Author

List three books you have read recently (Most recent first)

Title	Author

Overseas Selection of Applicants

If you are a graduate of a foreign high school, please provide your **Japanese language learning history** (Include formal education and personal study)

School Name	From – To (YY/MM – YY/MM)	Hours	Level
		hours / week	Beginner / Intermediary / Advanced
		hours / week	Beginner / Intermediary / Advanced

If you are a graduate of a foreign high school, please enter all **unified examinations** you have taken.

Exam Name	Date of Exam (YY/MM)	Location	Subject Name (if a by-subject examination)

If you are a Christian, please provide details.

Christian Activities of Note	From – To (age – age)	Church

Connection to J.F. Oberlin University (Only include connections within three generations of your extended family. Can include great-grandparents, grandparents, siblings, children, grandchildren, great-grandchildren, aunts, uncles, nephews, and nieces.)

Relationship to Applicant			
Name of Graduate		Name of Graduate in Katakana	
Year of Graduation		Degree Program(major)	

Please provide the contact information of your guardian, etc. who lives in Japan and can always be contacted.

Name	Relationship to Applicant
Address (include post code)	Tel: () - Mobile phone: () -

If you are an overseas applicant, please provide the **emergency contact/addressee information in Japan.**

Name	Relationship to Applicant
Address (include post code)	Tel: () -

Overseas Selection of Applicants

Form 09

AO Screening

Application
Number

*

*Office Use Only

Note: Please ask someone who is close to you and familiar with your daily activities to complete this form. For example, you may ask your high school teacher, club coach/supervisor, or manager for volunteer or other extracurricular activities as applicable, except your family member or relatives.

- 1) The person who gave you this form is applying to J. F. Oberlin University. We would appreciate your candid evaluation of the applicant.
- 2) Please fill out the form in pen or print your comments and attach the printout securely to the form.
- 3) Please fill out the "Evaluator's name" line in pen only.
- 4) After completing the form, please seal it in an envelope, sign your name across the seal, and return it to the applicant.

Applicant Evaluation Form

Seal

Applicant's Name _____

1. How long have you known the applicant and in what capacity?

2. Please rate the applicant in the following categories:

	Outstanding	Excellent	Good	Average	Poor
Logical thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overseas Selection of Applicants

3. Please describe any academic abilities and/or personal qualities of the applicant which you think are relevant to this evaluation.

--

4. Evaluator's information

Evaluator's name	
Date	year month day
Institution (school/company)	
Title	
Present address	〒
Phone	
Fax	

Overseas Selection of Applicants

History of major activities at schools and other organizations

(You may provide the same descriptions as those in the Details of Activities column.)

Period (Year in A.D.)	Hours/Week <small>Note 1</small>	Weeks/Year <small>Note 2</small>	Name of School/ Organization	Assigned Position	Attachment No.
mm/ yy - mm/ yy					
mm/ yy - mm/ yy					
mm/ yy - mm/ yy					
mm/ yy - mm/ yy					
mm/ yy - mm/ yy					

Note 1: Please describe how many hours a week you are participating in the activity.

Note 2: Please describe how many weeks a year you are participating in the activity.

History of participation in competitions, tournaments, exhibitions, essay contests, or other events

(You may provide the same descriptions as those in the Details of Activities column.)

Year (in A.D.)	Month	Age	Name of Competition/Contest	Organizer	Results/Official Records	Attachment No.

Please fill in the space below if you participated in **group activities or competitions.**

Roles and achievements in the organization

Please fill in the space below if you participated in **sports competitions.**

Details/records of outstanding athletic ability

Acquisition of qualifications/certificates/rank

(You may provide the same descriptions as those in the Details of Activities column.)

Year (in A.D.)	Month	Age	Title of Qualification, etc.	Level of Qualification	Qualification Certification Institution	Attachment No.

[Signature] *The signature must be affixed by any person other than the applicant. (A parent's signature will suffice.)

I hereby declare that the information furnished above is true and correct.

Address : _____

TEL : _____

Relationship to the applicant : _____ Name : _____

AO Screening

<For the College of Performing and Visual Arts>

Applicant's Name	
------------------	--

Examinee Number	
-----------------	--

*

Leave the asterisked space blank.

Activity Report (College of Performing and Visual Arts version)

Please specifically describe your past activities in the field of arts. The activities may include those in other fields than the major you are applying for. You need to prepare this report on your own and ask a person who recognizes your activities (such as your parent) to put a signature on the reverse side. If you make attachments to your activity report, enter the same number in the Attachment No. column on the right and the corresponding attachment before submitting the report. During the interview, you will be asked questions about the information provided in the report.

[Attention]

You are recommended to submit a copy, instead of the original, of any important documents and/or attachments as we do not return them once submitted. If you submit CDs, DVDs, etc., their total length should not exceed **15 minutes**.

1. Activities in the field of arts

(Any activities, irrespective of their scale and whether they were undertaken within or outside school)

[Description]

Enrichment lessons such as ballet, piano, and painting (if it is music, the name of the instrument)

Activities at school festivals, off-school groups, etc. (Outline of the activities, details of art works produced and performances)

Competitions, presentations, exhibitions, essay contests, etc. you participated in or applied for in the past

Year (in A.D.)	Month	Age	Details of Activities	Attachment No.

2. History of art-related extracurricular and/or club activities

(You may provide the same descriptions as those in the Details of Activities column)

Period (Year in A.D.)	Hours/Week <small>Note 1</small>	Weeks/Year <small>Note 1</small>	Name of School/ Organization	Assigned Position	Attachment No.
mm/ yy – mm/ yy					
mm/ yy – mm/ yy					
mm/ yy – mm/ yy					
mm/ yy – mm/ yy					
mm/ yy – mm/ yy					

Note 1: Please describe how many hours a week you are participating in the activity.

Note 2: Please describe how many weeks a year you are participating in the activity.

Overseas Selection of Applicants

3. Art Appreciation Experiences

Please list (up to 5) works, performances (play, dance, opera, etc.), concerts, art exhibitions, and/or movies that impressed you.

Art Appreciation Experiences and Their Details	
1	
2	
3	
4	
5	

4. Favorite Artists, Performers, and Critics (up to 3)

Artist's Name		Representative Work	
Reasons why the artist is your favorite			
Artist's Name		Representative Work	
Reasons why the artist is your favorite			
Artist's Name		Representative Work	
Reasons why the artist is your favorite			

5. Activities in Non-art Fields

Year(in A.D.)	Month	Age	Details of Activities	Attachment No.

6. Acquisition of qualifications/certificates/rank

(You may write same contents as you wrote in section 1. or 5.)

Year(in A.D.)	Month	Age	Title of Qualification, etc.	Level of Qualification	Qualification Certification Institution	Attachment No.

[Signature] *The signature must be affixed by any person other than the applicant. (A parent's signature will suffice.)

I hereby declare that the information furnished above is true and correct.	
Address :	_____
TEL :	_____
Relationship to the applicant :	Name : _____

