



**Application Form for Kitasato University International Exchange Program 2025**  
**– Cross-cultural Interdisciplinary Case Study –**

**Application Deadline : 13 December 2024 (Japan Standard Time)**

**1. Your contact details**

**Your University:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mobile phone** (starting with country code): \_\_\_\_\_

**Email (\*)**: \_\_\_\_\_

\*All information about this program will be shared via Box (file sharing).

All updates related to this program will be sent to this email address, so please check it from time to time to ensure you do not miss any updates.

**2. Documents required for application**

(1) Please submit your documents by uploading to the link below and make sure you follow this file naming rule (e.g. A\_Kitasato\_JohnSmith) when uploading.

<https://kitasato.app.box.com/f/cc8426307e524ae08895321bc3be5a9a>

1) Application form

File naming rule: A\_your university name\_your name

2) Copy of your passport

File naming rule: P\_your university name\_your name

3) Proof of Vaccination or documentation of antibody titer

File naming rule: V\_your university name\_your name\_type of vaccination

(2) Please send an email to the Secretariat ([kokusai@kitasato-u.ac.jp](mailto:kokusai@kitasato-u.ac.jp)) to inform them of the completion of your submission. If you have not received a reply within 3 working days, please send another email for confirmation.

**3. Signature**

By signing this application form, I confirm that I have read and understood the Program Information for Overseas Students.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Student name (Print)

\_\_\_\_\_  
Student name (Signature)

**4. Check List and Request Form**

(1) Please tick the box ✓ if you have submitted the required documents via the link above and enter the dates of vaccination or titer values.

☐ A copy of the student's passport

Proof of vaccination/antibody titer (EITHER vaccination record or titer values).

**When submitting antibody titers, also provide documentation from a university hospital or medical institution certifying that you have acquired immunity.**

Please provide the relevant details below:

☐ Measles

Vaccination dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Titer date: \_\_\_\_\_ Value: \_\_\_\_\_

☐ Rubella

Vaccination dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Titer date: \_\_\_\_\_ Value: \_\_\_\_\_

☐ Mumps

Vaccination dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Titer date: \_\_\_\_\_ Value: \_\_\_\_\_

☐ Varicella (Chickenpox)

Vaccination dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Titer date: \_\_\_\_\_ Value: \_\_\_\_\_

☐ Influenza (Only those vaccinated after October 2024 will be accepted) Vaccination date: \_\_\_\_\_

(2) Please let us know your preference for the accommodation. Hotel reservations will be made by the Secretariat.

Number your first and second choice.

( ) Single ( ) Twin (single use) ( ) Twin (twin use\*) \*Tell us who shares the twin room with you.

**\* Rooms are subject to availability. We may not be able to accommodate your request.**

(3) Other requests

● Please let us know if you have any dietary restrictions.

*\*Please understand that depending on your request, it may be difficult to process the food in Japan into the form you require.*

● Reasonable Accommodation

Students who wish to request reasonable accommodation during this program are expected to notify using this form. The program secretariat will then contact you individually for further information.

For this short-term program, reasonable accommodation will be determined by mutual agreement between applicants and providers and by ensuring that the accommodation is provided without undue burden. Acceptance will be decided on a case-by-case basis.