Application Form for Winter Program 2027
Setsunan University

Photo
40mm x 30mm

Name	(Family) (Given)	Sex	☐ Male ☐ Female
Date of birth	(DD/MM/YYYY)	Age	
Passport	Passport Number： Date of Issue(DD/MM/YYYY)： Date of Expiry(DD/MM/YYYY)：		
E-Mail Address			
Phone Number			
Current address	(Zip Code: -)		
Nationality		Marital status	☐ Single ☐ Married
Religion			

Student Information at your University/Institution

Name of University/Institution	Faculty/School	Department	Year

Information about Health Condition

Blood type	☐A ☐B ☐O ☐AB ☐I don't know
Health condition	☐Good ☐I have a chronic disease：
Medicine	☐Not taking any medicines ☐Taking medicines regularly：

Food allergies only for a physical reason	☐None ☐Pork ☐Beef ☐ Chicken ☐Mutton/Lamb ☐Shrimp ☐Crab ☐Shellfish ☐Fish ☐Egg ☐Others( )
Food restriction for religion or custom reasons	☐None ☐Pork ☐Beef ☐ Chicken ☐Mutton/Lamb ☐Shrimp ☐Crab ☐Shellfish ☐Fish ☐Egg ☐Others( )
Other allergies	☐None ☐Dogs ☐Cats ☐House dust ☐Others( )

Student Information at your University/Institution

Name of University/Institution	Faculty/School	Department	Year

I hereby declare that the statement given above is true and correct.

Date: Signature of the applicant:

(DD/MM/YYYY)